

Libby



Elland Urban District Council

Annual Report

of the

Public Health Services

of the Elland Urban District.

1956.



FRANK APPLETON, M.B., Ch.B., D.P.H.
Medical Officer of Health.



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Elland Urban District Council

Health Committee

(As at 31st December, 1956).

Chairman of the Council :

Councillor G. H. JAMES, J.P.

Chairman :

Councillor (Mrs.) W. J. PILLING.

Vice-Chairman :

Councillor J. THORNTON.

Councillor	C. AMBLER,	Councillor	W. RAMSDEN,
„	J. BARNES,	„	(Miss) E. T. SHAW,
„	B. BEAUMONT,	„	J.P.,
„	R. D. W. BRITTAIN,	„	S. B. TATTERSALL,
„	H. COCKROFT, C.C.	„	J.P.,
„	T. COLDWELL,	„	A. WALKER, J.P.,
„	S. DRINKWATER,	„	T. WALKER,
„	W. HASLAM,	„	(Mrs.) A. WALKER,
„	G. H. JAMES, J.P.	„	J. E. Warburton,
„	A. LANE,	„	(Mrs.) A. R. WEST,
„	F. H. LUMB,	„	H. WILKINSON,
„	S. V. MITCHELL,	„	J. WILSON, J.P.,
„	A. NUTTON,	„	P. WOOD.
„	C. POGSON,		

HEALTH SUB-COMMITTEE :

Councillor (Mrs.) W. J. PILLING, (Chairman),

Councillor J. THORNTON (Vice-Chairman),

Councillor	T. COLDWELL,	Councillor	(Mrs.) A. WALKER,
„	W. HASLAM,	„	(Mrs.) A. R. WEST,
„	(Miss) E. T. SHAW,	„	H. WILKINSON,
	J.P.,	„	P. WOOD.
„	S. B. TATTERSALL,		
	J.P.,		

Health Department

PUBLIC HEALTH OFFICERS.

Medical Officer of Health :

F. APPLETON, M.B., Ch.B., D.P.H., D.P.A. Also Divisional Medical Officer.

Deputy Medical Officer of Health :

R. D. HAIGH, M.B., Ch.B., D.R.C.O.G., D.P.H.

Assistant Medical Officers :

Miss E. ATKINSON, M.B., Ch.B., D. Obst.R.C.O.G.

Orthopaedic Surgeon :

**J. HUNTER ANNAN, F.R.C.S.

Ophthalmic Surgeons :

**S. ROBERTSON, M.B., Ch.B., D.O.M.S.

**P. M. WOOD, M.B., Ch.B., F.R.C.S., (Edin.) D.O.M.S.

Dental Officer :

J. TODD, L.D.S.

Sanitary Inspectors :

A. D. JACKSON, Cert. R.S.I. and S.I.J.E.B. Cert. Inspector of Meat and Foods.

K. RAMSDEN, A.R.San.I.

N. SYKES, Cert. R.S.I. and S.I.J.E.B. Cert. Inspector of Meat and Foods.

Health Visitors :

Miss E. V. CROSSLEY, S.R.N., S.C.M., Health Visitor's Certificate.

Miss L. P. TINKER, S.R.N. Health Visitor's Certificate.

Miss W. WADSWORTH, S.R.N., S.C.M., R.F.N., Health Visitor's Certificate.

Assistant Health Visitors :

Mrs. M. GRAINGER, S.R.N., S.C.M.

*Mrs. I. HEPWORTH, S.R.N., S.C.M., R.F.N.

*Mrs. D. A. F. HOLDSWORTH, Enrolled Assistant Nurse.

County Midwife :

Miss D. K. ADAMSON, S.R.N., S.C.M.

Home Nurse—Midwife :

Mrs. M. E. MAGER, S.R.N., S.C.M.

Home Nurses :

Miss A. CARTER, S.R.N., S.C.M.

Mrs. A. K. MILLS, S.R.N., S.C.M.

Mental Health Social Worker :

*Miss E. C. WROE, S.R.N., S.C.M., R.M.N., Health Visitor's Certificate.

Tuberculosis Health Visitor :

Mrs. M. F. DUCKENFIELD, S.R.N., S.C.M., T.A.

Clerk :

P. NELLIS.

Divisional County Ambulance Service Depot Superintendent :

W. ANDERSON.

*Part time.

**Part time by arrangement with the Regional Hospital Board.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Ladies and Gentlemen,

I have the honour to present my Annual Report for 1956 on the health of this town.

As in previous years I have included in this Report some details of the personal health services. These are, of course, carried out in my capacity as Divisional Medical Officer for the West Riding County Council.

Gradually, over the years, we have been able to establish satisfactory working arrangements under one local administration of the environmental health services, for which the local Council are responsible, and the personal health services, for which the County Council are responsible. It is important that these two branches of the Local Authority Health Services should be integrated. Already we have three different types of bodies dealing with Health Services: the Regional Hospital Board, for the hospitals; the Executive Council, for the general medical practitioners, and the Local Authorities. Without the present scheme of divisional administration, the difficulties of co-operation would be greater than they are at present. As it is now, the Health Visitors, Midwives and Home Nurses, who are County Council officers, work together extremely well with the Public Health Inspectors, who are the officers of the County District Councils, and the health services are run as one complete divisional unit.

It has been our endeavour to work closer with the general medical practitioners, and no difficulty is experienced with the district nurses and midwives. The value of the health visitors, who have less tangible duties, is now beginning to be appreciated by the doctors. The intimate, personal relationship that exists between doctor and patient is strengthened by the knowledge that a regular home visitor can bring of the family background and social circumstances. In Elland, there would appear to be no difficulty in the strengthening of the bonds between this department and the doctors of the town. It will continue to be our endeavour to work closely within the existing framework with both family doctor and hospital.

Once again, the Registrar General estimates that our population has decreased by 70, and we now have an estimated population of under 19,000. The birth rate remains the same as last year, at 14.0 per thousand of the population. The death rate, at 12.8 per thousand of population, was lower than last year, and

there were only four infant deaths, giving an infantile death rate of 15.2 per thousand live births. All these deaths were neo-natal deaths, occurring under four weeks of age. The number of live births exceeded the number of deaths by 22, so that we had a natural increase of population of 22, and the Registrar General's estimate allows for some migration from the district.

This may be partly due to the great shortage of houses in the district, and housing still remains the most formidable of our problems. Altogether, only 324 post-war Council houses have been erected in this Urban District. When it is realised that we have over 7,000 inhabited houses, of which 660 have been included in the Council's 15-year slum clearance programme, and another 900 houses are back to back and will have to be considered in any future programme, the need for the early erection of new Council houses is obvious. The proportion of satisfactory modern houses to the total number of houses in the area is still far too small. The Council decided that all future houses erected should be for the re-housing of tenants displaced by the slum clearance programme, and in August they agreed to give urgent consideration to the provision of housing sites, large and small, for the re-housing of 500 tenants to be displaced by the slum clearance programme, but by the end of the year no such sites had been decided upon, and up to the end of 1956 only 63 houses had been represented to the Council from our 15-years' programme. It is not your officers' intention deliberately to slow down this programme, but it would be wrong for us to bring forward houses for consideration when there is no possibility of the tenants being re-housed, and, of necessity, it appears unlikely that we shall keep pace with the programme in 1957. It is very disappointing to record these facts, and I hope that by the time next year's report is presented there will have been substantial progress in the provision of new houses.

The Public Health Department is intimately concerned with environmental health. Satisfactory housing, clean food, clean air and clean water are fundamental essentials. The Food Hygiene Regulations came into operation during the year, and a start was made on the inspection of all food premises. All the schools were visited, and both the food preparation premises and the facilities for the serving of school meals formed part of a comprehensive survey which also dealt with the sanitary accommodation provided. In November, a full report on the existing conditions was made to the Divisional Executive and to the County Medical Officer. The work of inspection of food premises, and the bringing into line of these premises with the new Regulations, has proceeded slowly, due to the shortage of public health inspectors, but we have

found good co-operation from owners of food premises. Arrangements have been made for courses of instruction to food handlers to be given by the officers of this department. However good the premises, the personal element is still the most important in the provision of clean food:

The passing of the Clean Air Act in 1956 reminded us of the dangers of air pollution by smoke and the importance of its elimination, and at the end of the year an Order was made, bringing into operation certain provisions of the above Act, one of which referred to smoke-control areas. It is difficult to see how the centre of Elland can be made a smoke-free area in the immediate future, for houses, shops, offices and mills exist together, but it should be possible, if shops and offices are modernised and factories and mills introduce up-to-date methods, to improve the position. The best hope for the establishment of a smoke-control area would appear to be with the Council estates. As more new houses are established, the Council may consider whether they could make the burning of smokeless fuel on new Council estates a condition of tenancy, and it may be possible for at least one estate to be established as a smoke-control area. Domestic smoke accounts for a large proportion of the smoke nuisance in Elland, and the elimination of back-to-back houses and single-type houses crowded together in a very compact area, many possessing old and often inefficient grates, cannot fail to assist in improving the position, and, as with so many other problems, the problem of smoke abatement is dependent to a large extent on the housing problem. There is no doubt that in this comparatively cold district the public are attached to the open fireplace, although it is often an extremely inefficient and wasteful apparatus.

It is true that most of the townspeople now have a satisfactory piped water supply, but there are still about 3 per cent. of houses which obtain their water from springs and wells, the majority of which are liable to contamination. Many of these houses are unfit in other respects and form part of our slum clearance programme, so that this problem will be very much reduced as we re-house people. It will be seen that it is my opinion that progress in the preventive health service depends to a very large extent on the progress of the Council in providing houses for the people.

The re-housing of families with Tuberculosis has always been considered by the Council. This problem shows signs of diminution, and this year I am able to report a fall in the incidence of this disease. Contact tracing and mass radiography continue to play their part, and there are signs of an awakening public interest in the importance of mass radiography. Many more men now die

of Cancer of the lungs than of Tuberculosis, and the evidence of the association between cigarette smoking and Cancer has been much in the public mind. However much teachers and public health officers can do to discourage the establishment of the smoking habit in schoolchildren and young adults, it is in the home that the main onslaught against this habit should be made. There is no doubt that smoking amongst schoolchildren in the last year of school is extremely prevalent and not always discouraged by the parents, who, remembering their own youth, show to this habit greater tolerance than we would wish. Possibly the increase in the provision of sporting facilities will not only encourage the healthy use of gradually increasing leisure, but may act as a deterrent in the establishment of this habit among young men who wish to attain success in this field. Parents, nowadays, no longer subscribe to the view that children should be seen and not heard. Children are individuals whose opinions are worth consideration, and the present attitude of parents is a more enlightened one, but there does appear to be too much slackening of discipline in the home today.

This year was a year of low incidence in infectious disease. Following the Measles epidemic in 1955, there were only three cases in 1956, and among the other major infectious diseases there was only one case of Anterior Poliomyelitis. Vaccination against this disease was offered to all children born between 1947 and 1954. This vaccination was commenced in 1956 and will continue in 1957. Many parents hesitated about bringing their children for vaccination, not because of any lack of anxiety to protect them, but because as a new method of prevention it had not stood the test of time. The parents of some of these children, when they saw that this method of vaccination gave no untoward results, have had second thoughts, and it is anticipated that many of them will come forward. It would appear from the evidence available that the protection offered is valuable and that the vaccine produces little or no reaction, and that it is a useful addition to our preventive measures.

B.C.G. vaccination against Tuberculosis was offered to all school leavers but only about half the children to whom it was offered came forward to be tested. Thirty-nine per cent. of these children were positive on the pre-vaccination Tuberculin test and did not require vaccination. It is hoped that as the value of this measure becomes more appreciated, a better percentage of consents will be received.

There were no cases of Food Poisoning reported in Elland during the year, and only seven cases of Sonne Dysentery.

The work of the department continues to increase. Meat inspection and housing take up a great deal of time, and there are increased duties in respect of the Food Hygiene Regulations and smoke abatement.

The work of the District Nurses has shown a considerable increase, due to the increased number of old people requiring attention, and an additional District Nurse is badly needed. Similarly, the Home Help Service has had to face an increased demand. When it is considered that only five cases were attended by the Home Helps in 1948 and 103 in 1956, some idea of the increase will be obtained.

I wish I could report an increase in the facilities for the admission of old people to hospital. The number of hospital beds for old people has not kept pace with the increased demand. This has placed a greater strain on our domiciliary services. Residential accommodation for active and healthy old people in the County Council homes has been increased but there is no sign of the demand slackening. We welcome in this department the Council's decision to commence building bungalows for old people, and we hope that it will be possible to establish, in conjunction with the County Council, a community centre and a warden's house to help the old people to remain in their own homes. It is undoubtedly true that old people living in modern Council bungalows do not make the same demand on residential accommodation as old people living in the older type of house. As young families are re-housed on the Council's estates, the distance from their older relatives becomes greater and they can be given less help. If we are to fulfil our duty to the community in full, Council estates should contain their full quota of the older people of the town, and if we can do anything to make their lives smoother and happier, every effort should be made to do so. The old peoples' clubs are doing excellent work but this work can be supplemented by meals, laundry and chiropody services.

Once again, I have to record my grateful thanks to the Chairman and Members of the Public Health Committee for their help and support. From my colleagues, the officials of the Council, I have received invaluable help on many occasions. The interest taken in the work is stimulating and has helped to sustain the efforts of an extremely loyal and hardworking staff, of whose efforts this report can only give a bare outline.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

FRANK APPLETON,

Medical Officer of Health.

August, 1957.

Annual Report of the Medical Officer of Health

FOR THE YEAR 1956.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA (in Acres)	5,951
POPULATION : Census 1951, 19275 ... 1956 (est.)	18,890
AVERAGE NUMBER OF PERSONS PER ACRE ...	3.17
NUMBER OF INHABITED HOUSES	7,178
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE	1.21
AVERAGE NUMBER OF PERSONS PER HOUSE ...	2.63
RATEABLE VALUE	£153,956
PRODUCT OF A PENNY RATE	£393 2s. 0d.

The Manager of the Elland Employment Exchange has kindly informed me that at the end of 1956 the number of unemployed persons in the Elland area was 8 men and 4 women.

This figure includes 4 men and 3 women short-time workers in the Textile industry. The others who were wholly unemployed, have since been placed in employment.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births—

					M.	F.	Totals
Legitimate	...	...	...	...	124	127	251
Illegitimate	...	...	...	...	8	5	13
Total	...	...	...	...	132	132	264

Live Birth Rate : 14.0 per 1,000 of estimated resident population.

Still Births—

					M.	F.	Totals
Legitimate	...	...	...	...	4	7	11
Illegitimate	...	...	...	...	—	—	—
Totals	...	...	...	...	4	7	11

Still Birth Rate per 1,000 total (live and still) births : 40.0

Deaths—

					M.	F.	Totals
					124	118	242

Crude Death Rate 12.8 per 1,000 of estimated resident population.

Adjusted Death Rate 12.3 per 1,000 of estimated resident population.

Deaths following Childbirth—

					Rate per 1,000 total Deaths. (live & still) births
Puerperal Sepsis	...	...	—		Nil
Other Maternal Causes	...	...	—		Nil
Total	...	...	...	—	Nil

Death Rate of Infants under one year of age—

All Infants per 1,000 live births ... 15.2

Legitimate Infants per 1,000 legitimate live births ... 15.9

Illegitimate Infants per 1,000 illegitimate live births —

Deaths from Diseases of the Heart & Circulation (all ages) 93

Deaths from Cancer (all ages) ... 37

Deaths from Measles (all ages) ... —

Deaths from Whooping Cough (all ages) ... —

TABLE 1.

CAUSES OF DEATH OF ELLAND RESIDENTS IN 1956.

Causes of Death.				1956		
				M.	F.	Total.
1.	Tuberculosis—respiratory	...	...	1	1	2
2.	Tuberculosis—other	...	...	—	—	—
3.	Syphilitic disease	...	...	1	—	1
4.	Diphtheria	...	...	—	—	—
5.	Whooping Cough	...	...	—	—	—
6.	Meningococcal infections	...	...	—	—	—
7.	Acute poliomyelitis	...	...	—	—	—
8.	Measles	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	—	—	—
10.	Malignant neoplasm, stomach	...	...	2	4	6
11.	Malignant neoplasm, lung, bronchus	...	...	11	1	12
12.	Malignant neoplasm, breast	...	...	—	3	3
13.	Malignant neoplasm, uterus	...	...	—	3	3
14.	Other malignant & lymphatic neoplasms	...	...	4	9	13
15.	Leukaemia, aleukaemia	...	...	—	—	—
16.	Diabetes	...	...	—	—	—
17.	Vascular lesions of nervous system	...	...	25	22	47
18.	Coronary disease, angina	...	...	30	18	48
19.	Hypertension with heart disease	...	...	—	1	1
20.	Other heart disease	...	...	13	17	30
21.	Other circulatory disease	...	...	4	10	14
22.	Influenza	...	...	1	1	2
23.	Pneumonia	...	...	2	2	4
24.	Bronchitis	...	...	6	1	7
25.	Other diseases of respiratory system	...	...	2	—	2
26.	Ulcer of the stomach and duodenum	...	...	3	—	3
27.	Gastritis, enteritis and diarrhoea	...	...	—	1	1
28.	Nephritis and nephrosis	...	...	4	2	6
29.	Hyperplasia of prostate	...	...	1	—	1
30.	Pregnancy, childbirth, abortion	...	...	—	—	—
31.	Congenital malformations	...	...	—	—	—
32.	Other defined and ill-defined diseases	...	...	11	13	24
33.	Motor vehicle accidents	...	...	1	—	1
34.	All other accidents	...	...	2	8	10
35.	Suicide	...	...	—	1	1
36.	Homicide and operations of war	...	...	—	—	—
Totals				124	118	242

VITAL STATISTICS.

The estimate of the population of Elland is the mid-year estimate of the Registrar General. His estimate is 18,890 compared with 18,960 for 1955. He considers, therefore, that the population has decreased by 70. Last year the Registrar General similarly estimated our population as going down by 70, and we have now an estimated population of under 19,000. There is, of course, some emigration from the district on account of the acute shortage of houses.

The crude birth rate for the year is 14.0 per 1,000 of the population. This is the same as the rate for the previous year but 1.7 below the rate for England and Wales. This crude birth rate has to be adjusted by a comparability factor of 1.05 to bring it into line with that of the Country as a whole, and this gives us an adjusted birth rate of 14.7. This compares with an adjusted birth rate for the Administrative County of 16.5.

There were 13 illegitimate births, representing 4.9 per cent. of the total live births and an illegitimate birth rate of 0.69 per 1,000 of the estimated population.

During the year there were 11 stillbirths. This gives a rate of 40.0 per 1,000 (live and still) births. The County rate is 23.1 and the rate for England and Wales is 23.0.

The death rate for the Urban District is 12.8 per 1,000 of the population. This is 1.1 below the rate for last year. The comparability factor for obtaining the adjusted death rate is 0.96, and using this factor we have an adjusted death rate of 12.3. This compares with an adjusted death rate of 12.9 for the Administrative County and 11.7 for England and Wales.

The chief causes of death this year were, in order of frequency :—

1. Diseases of the Heart and Circulation—93 (compared with 106 in 1955).
2. Vasc. Lesions of Nervous System—47 (compared with 36 in 1955).
3. Cancer—37 (compared with 34 in 1955).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases—15 (compared with 31 in 1955).

It is considered that some of the illness from Pneumonia, Bronchitis, Influenza and other respiratory diseases will be prevented when we reduce the amount of smoke nuisance in the district.

Infant Deaths.

There were four Infant Deaths in the Urban District of Elland during 1956, compared with eleven last year, and the Infant Death Rate is 15.2 per thousand live births. The Infant Death Rate of 15.2 compares with the rate for the Administrative County of 27.1 and for England and Wales of 23.8. Last year the rate for Elland was 41.4.

When we are dealing with small figures such as these, it is necessary not to attach too much importance to them but we have a steady record throughout the years of comparatively low infantile mortality. A fall in the birth rate, or a rise of one in the number of children dying makes a considerable difference.

Last year our rate of 41.4 was a very high rate and higher than that for the country as a whole. I pointed out then that with small figures too much attention should not be paid to them, and similarly we should not attach too much attention to the considerable fall from last year's rate.

Perhaps a better picture of the position with regard to infantile mortality is obtained by considering the infant death rate along with the stillbirth rate, and this year our stillbirth rate is high, there being eleven stillbirths.

All the infant deaths this year occurred at under four weeks of age and are therefore classed as Neo-Natal Deaths. Two of the deaths occurred within 24 hours, so that it will be seen that these and the stillbirths must be attributed to ante-natal causes. The third death, in a child aged two weeks, was attributed to Prematurity, and can similarly be so placed. Only the fourth death, in a child of three days, was due to post-natal causes. This child died of Inhalation Pneumonia, having vomited during the night. This child, too, appeared to be premature, although its birth-weight was 6 lbs.

Table 2 gives details of the four infant deaths in Elland, and the age at which they occurred.

TABLE 2.
CAUSES OF INFANTILE MORTALITY IN ELLAND URBAN
DISTRICT, 1956.

Cause of Death	Under 24 hours								Total
	Under 24 hours	1—7 days	8—14 days	15—21 days	22—28 days	1—3 months	3—6 months	6—12 months	
Prematurity	1	—	1	—	—	—	—	—	2
Broncho-Pneumonia ...	—	1	—	—	—	—	—	—	1
Atelectasis	1	—	—	—	—	—	—	—	1
Totals ...	2	1	1	—	—	—	—	—	4

Premature Births.

There were 20 children born prematurely during the year who were 5½ lbs. or under in weight at birth, only two being born at home.

TABLE 3.
TABLE SHOWING BIRTH WEIGHTS OF PREMATURE
INFANTS.

Domiciliary Confinements.

Birth Weight lbs.	Weight ozs.	No. of Infants who survived			
		No. of Infants	No. of Infants	24 hours	1—7 days 1 month
5	4	1	1	1	1
4	6	1	1	1	1
Totals		2	2	2	2

Institutional Confinements.

Birth lbs.	Weight ozs.	No. of Infants	No. of 24 hours	Infants who 1—7 days	survived 1 month
5	8	1	1	1	1
5	6	1	1	1	1
5	5	2	2	2	2
5	2	1	1	1	1
5	1	1	1	1	1
5	0	2	2	2	2
4	11	1	1	1	1
4	10	1	1	1	1
4	9	1	1	1	1
4	6	2	2	2	2
4	4	1	1	1	1
3	6	1	1	1	1
2	12	1	1	1	1
2	0	1	—	—	—
1	13	1	1	1	—
Totals		18	17	17	16

Maternal Deaths.

There were no maternal deaths in Elland during 1956.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory Facilities.

The Public Health Laboratory, Wakefield continued to receive clinical material and milk samples for bacteriological examination, while chemical analysis was carried out by Messrs. Lea & Mallinder, Public Analysts, Halifax.

Ambulance Facilities.

Particulars of cases transported by ambulance during the period 1st January to 31st December, 1956, are attached hereto. It has been impossible to separate the figures for Elland as the return is made on a Depot basis, but approximately the figures are one third of those given in the table. The totals for last year are given in brackets at the end of the columns.

TABLE 4.
WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE.
Statistical Return for the period January — December, 1956.
BRIGHOUSE DEPOT.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1. Patients.													
(a) Admissions	181	183	183	171	159	176	141	152	143	144	170	170	1973 (1961)
(b) Discharges	73	74	68	46	62	51	62	46	40	56	57	71	706 (734)
(c) Transfers	19	14	17	11	13	22	22	10	11	18	13	13	183 (213)
(d) Out-Patients	1180	1117	1280	963	1175	1064	956	938	906	983	1008	881	12451 (12326)
(e) Accident Patients	38	29	39	30	57	53	39	55	41	60	59	64	564 (502)
Total No. of Patients	1491	1417	1587	1221	1466	1366	1220	1201	1141	1261	1307	1199	15877 (15736)
2. Analysis of Patients.													
Male	632	641	680	555	535	511	506	519	478	526	588	506	6677 (6418)
Female	859	776	907	666	931	855	714	682	663	735	719	693	9200 (9318)
Stretcher	293	369	349	287	240	238	217	187	187	255	233	248	3103 (3477)
Sitting Case	1198	1048	1238	934	1226	1128	1003	1014	954	1006	1074	951	12774 (12259)
Child	87	64	90	66	90	99	81	56	66	83	83	58	923 (682)
Baby	5	11	11	9	13	13	3	2	9	7	5	6	94 (181)
3. Further Analysis of Total Patients in Part 1 above less (d) and (e)													
Urgents	94	93	81	82	88	81	76	75	80	76	92	95	1013 (990)
Maternity	25	29	29	26	25	22	15	22	25	23	22	25	288 (353)
Infectious	14	9	7	5	3	2	7	1	1	—	1	5	55 (72)
Mental	5	5	2	3	2	4	5	6	4	1	1	3	41 (24)
General Patients	135	135	149	112	116	140	122	104	84	118	124	126	1465 (1469)
4. Journeys	369	345	373	317	401	361	337	316	328	352	381	374	4254 (4120)
Miles	9881	9493	9850	8461	10413	9431	8935	7792	7697	9515	9477	8937	109882 (108711)

Nursing in the Home.

The same team of nurses has been responsible for the Home Nursing Service in the Elland Urban District ; Miss Carter being the nurse in charge of the Elland area and Mrs. Mills of the Greetland area. Mrs. Mager continued to combine the duties of District Nurse and Midwife in the Stainland area.

Altogether 12,658 individual visits were made to patients, and 973 new cases were treated during the year. There was an increase in the number of visits in the areas of all three Nurses. Miss Carter and Mrs. Mills are now exceeding 4,000 visits a year. With one day's off-duty a week, and five weeks holiday a year, this means that an average of about 15 visits are paid daily, and the numbers justify an additional nurse. The authority for this appointment was obtained from the County Council, and advertisements were inserted but due to the small number of houses available in Elland it was impossible for the Council to provide a house and no suitable applications for the post were received. A further attempt to obtain another nurse will be made in 1957. As it is, our Home Nurses are now carrying an exceedingly heavy load.

Since the Home Nursing Service became the responsibility of the local Health Authority there has been a steady increase in the Elland area in the demand on this service, and like its sister service, the Home Help Service, present trends in population are likely to increase the demand on the Service, for a great deal of the time of the Home Nurse is spent with the old people. I hope we shall be successful in obtaining an additional Nurse so that the present high standard of the Service can be maintained. Meanwhile, I should like to pay my tribute to the staff who have undertaken additional work cheerfully and without complaint. The increased demand has meant that the hours worked have been formidable, for it has been the endeavour of the Nurses not to cut down the time spent with each individual patient.

Full collaboration has been maintained with the hospital service and with the General Medical Practitioners under whose direction the District Nurses work. Individual Doctors have assured me that the standard of district nursing in this town is very satisfactory.

Domestic Help Service.

The increase in demand for Home Helps in domestic cases

in Elland has been considerable, and has worked out since 1953 at an average of 4,000 hours each year. I give the figures for the last four years below :—

		Maternity	Domestic	
		Cases	Cases	Total
1953	...	1158	8663	9821
1954	...	2293	12799	15092
1955	...	1342	16330	17672
1956	...	1307	19244	20551

The figures for maternity cases have remained fairly constant, except for the year 1954, when there was an exceptionally large demand. The main increase is, of course, in the number of Home Helps supplied for old people. When the Home Help Scheme was first put on a Divisional basis, the neighbouring Borough of Brighouse used it far more, proportionately, than the Urban Districts of Elland and Queensbury and Shelf, but as the Home Help Service has become better known and the Health Visitors have paid more attention to the older people the demands for this Service have increased so that now Elland is using its full proportion of the Home Help establishment.

The number of domestic cases attended year by year gives an idea of the number of homes in which we have been able to render assistance. The figures are given in the table below :—

No. of			No. of		
Cases.			Cases.		
1948	...	5	1953	...	79
1949	...	18	1954	...	84
1950	...	42	1955	...	93
1951	...	49	1956	...	103
1952	...	68			

There is a tendency for an increasing amount of time to be spent on each domestic case because most of them are now long-term cases requiring the services of a Home Help on a permanent basis.

It was necessary to ask again for an increase in establishment and our establishment at the end of the year is 29.

There is no doubt that there is a case to be made for a meals service for the old people and the provision of meals and laundry services would relieve the Home Help Service considerably. Many of the old people do not have a cooked meal except on the days when the Home Help attends, and we would welcome any voluntary agency who is able to set up a 'Meals on Wheels' Service.

There were 56 cases in the Elland area being provided with a Home Help at the beginning of 1956, and 62 new cases were attended during the year. At the end of the year 70 cases were still being attended.

Of the 118 cases attended in 1956, 92 were for the care of old people, 11 were where the housewife was ill, and 15 were maternity cases. In 11 of the maternity cases the Home Help was provided for fourteen days; in one other the patient had ante-natal and post-natal care in addition to the fourteen days, and in another the patient had post-natal care in addition to the fourteen days. A Home Help was also provided in two cases for post-natal care only. In one of these cases the baby was born in hospital.

Clinics and Treatment Centres.

The Table of Clinics and Treatment Centres is appended in Table 5.

There is a need for an additional clinic in the Stainland area, and this is at present under consideration by the County Council. The committee of the Mechanics Institute have been approached for accommodation.

TABLE 5. CLINICS AND TREATMENT CENTRES

Name.	Situation.		When Open.
Combined Ante-Natal and Post-Natal Clinics ...	St. Paul's Methodist School, Elland	Alternate Mondays, 2 p.m. to 4 p.m.	
Infant Welfare Clinics ...	Clay House, Greetland ...	Alternate Wednesdays, 2 p.m. to 4 p.m.	
	St. Paul's Methodist School, Elland	Every Wednesday, 2 p.m. to 4 p.m.	
	Clay House, Greetland ...	Every Tuesday, 2 p.m. to 4 p.m.	
Diphtheria Immunisation Clinics	Immunisation is carried out at all Minor Ailment Clinics and Infant Welfare Centres and booster doses are given in the schools.		
Minor Ailments Clinics ...	St. Paul's Methodist School, Elland	Every Mon. and Wed., 9-30 a.m. to 12 noon.	
	Clay House, Greetland ...	Every Tues. and Thurs., 9-30 a.m. to 12 noon.	
Artificial Sunlight Clinics	St. Paul's Methodist School, Elland	Every Mon. and Wed., 9-30 a.m. to 12 noon.	
	Clay House, Greetland ...	Every Mon. and Thurs., 4 p.m.	
Remedial Exercises ...	Clay House, Greetland ...	Every Tuesday, 10-30 a.m. to 12 noon.	
Ante-Natal and Post Natal Exercises ...	St. Paul's Methodist School, Elland	Every Monday, 2 p.m.	
Tuberculosis Dispensary	Royal Halifax Infirmary ...	Monday, 9-15 a.m. to 12 noon; 1-30 p.m. to 3-30 p.m.	
		Tuesday, 9-15 a.m. to 12 noon.	
		Wednesday, 9-15 a.m. to 12 noon; 2-30 p.m. to 4 p.m.	
		Thursday, 9-15 a.m. to 12 noon; 1-30 p.m. to 3-30 p.m.	
Venereal Diseases Clinics	Royal Halifax Infirmary ...	Females—Tuesday, 2 p.m. to 4-30 p.m.; 5 p.m. to 7 p.m.	
		Males—Thursday, 2 p.m. to 4-30 p.m.; 5 p.m. to 7 p.m.	
do.	York Place, New North Road, Huddersfield ...	Monday, 2-4 and 5-7 p.m.	
		Wednesday, 10 a.m.—12 noon and 2-4 p.m.	
		Friday, 2-4 and 5-7 p.m.	
Consultant Ophthalmic Clinic ...	Clay House, Greetland ...	Alternate Thursdays 10 a.m.—12 noon. (By appointment).	
Consultant Clinics, Ear, Nose and Throat and Orthopaedic ...	Brook House, Brighouse ...	By appointment.	
Psychiatric Clinic ...	Brook House, Atlas Mill Road, Brighouse ...	Tuesday, 2 p.m. and 6 p.m. alternate weeks. (By appointment).	

HOSPITALS.

Infectious Diseases.

Cases of infectious diseases have been admitted as last year to the Northowram Hall Hospital and the Leeds Road Hospital, Bradford. With the fall in infectious diseases in recent years it has been possible to devote much of Northowram Hall Hospital to the care of Tuberculosis, and other chest conditions, all of which come under the Chest Consultant. Only the cubicle block at Northowram remains for infectious diseases and other cases are admitted to Leeds Road Hospital.

Tuberculosis.

The incidence of Tuberculosis has been reduced in the country generally, due to better preventive measures and the use of new drug treatment. This has not only cut down the number of cases but the length of time spent in sanatorium. The opening of Northowram Hall Hospital for cases of Tuberculosis following on the reduced incidence of infectious diseases relieved the waiting list, and the reduced incidence of Tuberculosis has made it possible to close altogether Shelf Sanatorium, which is to be used as a hostel for cases of mental deficiency.

These mental deficiency hostels do very useful work, serving as they do as a half-way house between hospital and home. Patients whose abilities and training have not yet fitted them to stand completely alone as responsible citizens often benefit greatly from a stay in a hostel. But the need for additional beds for old people is so paramount that it is regretted that it was not thought possible to utilise this Hospital for this purpose.

Maternity.

The hospital accommodation provided for maternity cases is excellent in this area. Some of our cases go to Huddersfield and Bradford but the majority are delivered in the Halifax General Hospital. All maternity work of the Halifax area is now centralised at the Halifax General Hospital. This Hospital also provides us with a "Flying Squad" for the provision of blood transfusions and emergency treatment at home in cases of home confinement. We have received full information regarding mothers and babies when they are discharged from hospital.

On the whole we have felt that in respect of maternity treatment the number of hospital beds provided has been rather more than adequate and there has been a continuing trend over the years towards hospitalisation of normal confinements. Recently, however, the Halifax Hospitals have tried to limit admission to women having their first babies, or women in their fifth or subsequent pregnancies, and those where home conditions are not

suitable for a child to be born at home, and, of course, cases in which there are medical reasons for hospital delivery.

Old People.

The shortage of hospital accommodation for old people has become still more acute. Some old people have been admitted to hospitals in Huddersfield and Bradford but the vast majority go to St. John's Hospital, Halifax. This Hospital is always full and always has a substantial waiting list. Many of the old people who require hospital admission require it urgently, and it is sad indeed that old people living alone and requiring skilled nursing attention have to remain for long periods before being admitted. Other old people who have relatives who are willing to make substantial sacrifices to look after them have even less chance of early admission. Many of these grand people, leave their own homes to spend nights with relatives or friends only to find that because of their sacrifice admission is delayed. Naturally when beds are short the more urgent have to be admitted first, and an old person who is comparatively comfortable has to wait. It would be indeed unfortunate if the impression were given that the old person who is cared for is unlikely to obtain admission and for this reason, the standard of home care were to go down. We still have the difficult case who is considered too ill to be admitted to a welfare home but not sufficiently ill to obtain a hospital bed.

No cases were taken under Section 47 of the National Assistance Act, 1948.

MATERNITY AND CHILD WELFARE.

Health Visitors.

I have commented fully on the work of the Health Visitors in previous reports. The general medical practitioner is responsible for all domiciliary treatment and for domiciliary midwifery. When any nursing is required, he is helped by the home nurse, and the midwife plays her part in obstetrics. Perhaps the most important, if the least tangible, side of his work is that of health education and dealing with the day-to-day problems of individuals in this work he has the help of the health visitor who co-operates fully with her nursing colleagues.

Many general practitioners are coming to realise the value of the health visitor in the National Health Service. This highly qualified lady, who besides being a State Registered Nurse has also had training in midwifery and specialised training in social medicine, not only gives advice to all the members of the family on the many problems encountered in this complex modern world but is able to tell them of services available both through the

Local Authority and the Hospital. Just as the general medical practitioner is the focal point of the National Health Service through whom all treatment is inaugurated and just as he is recognised as a specialist in the treatment of patients in their own home, so the general health visitor is the cornerstone of the whole Local Authority Health Service. She has not the advantage of prescribing modern drugs with spectacular effects, nor has she the intimacy with the patient that district nursing provides, nor the special relationship of the midwife with her patient, but the public have come to know her as a person who calls regularly at the home and is available at clinics and the Public Health Department to give advice whenever it is required. There has been a tendency for health visitors to spend most of their time with the weaker members of the community, particularly with families who are designated as problem families, sometimes at the expense of families with a problem, which all families have from time to time. With more health visitors in the last few years it has been possible for them to give more time to the average mother and baby and an increasing amount of time to the old.

Of necessity, the weaker members of the community, the very young and the very old, must take up a considerable proportion of the health visitor's time. Better housing and an increased standard of living have been accompanied by an increasing awareness by the young mother of the help she can receive and by an increased receptivity to advice given. The health visitor is a welcome visitor in all the good homes, and it is only in the homes who have something of which they are ashamed where she is not so welcome. The re-housing of young families and the reduction in the size of families has played its part in rendering the old more isolated, and the reduction in the number of births in the last few decades, together with the increase in the expectation of life, has meant that the proportion of old people in a community who need help is larger.

TABLE 6.
Visits paid by Health Visitors in 1955 and 1956.

	1955.	1956.
Visits to New Births	296	301
Visits to Children under 1 year ...	2764	2895
Visits to Children 1 to 5 years ...	3906	4590
Visits to Expectant Mothers	56	43
Miscellaneous	1957	2208
Totals ...	8979	10037

Problem Families.

We still have to spend a great deal of time with families who do not look after themselves or their children properly. Some of their troubles arise from deep psychological problems which are not always apparent. Some of them have economic difficulties which may be coped with by the average woman but prove insurmountable to the mother of one of these families. In some cases the mother is mentally backward but this is not by any means always so. We find on investigation that many of the mothers of these families are themselves the children of problem families and have never received the proper training in ordinary housewifery which is normal in most Yorkshire homes. It is sad indeed that any training they receive in domestic economy at school appears to bear little or no fruit. These women often seem to expect an accepted code of conduct in others but are unable themselves to emulate this example. We do feel, however, that it is by the education of the girl child in the young years that the main hope of improvement lies.

Some women have husbands who just will not work, or who retain for themselves an unfair proportion of their weekly wages. Living as they do on poor food, badly cooked, their condition becomes worse and worse and these families require a great deal of attention. Husbands who are badly fed are less able and willing to work and more and more inclined to spend money outside of the home which offers little comfort.

Some of these families have been helped by psychiatric advice. One of our worst problem families, who had been helped by the Home Help, by care of the children in the Day Nursery, and by constant visits, made real progress when the root cause of the trouble, the husband, was treated. We were able to find that he, himself a member of a problem family, had attended school very irregularly ; had not got up to work before his marriage, and since his marriage had often missed attending at his work at the proper time. He had a history of invalidism and had been said to be suffering from various abdominal conditions. His real trouble was traced to a broken home in the early years of his life, and with psychological treatment, his outlook, and the whole family's outlook, has been improved. The mother, who came from a happy-go-lucky family whose standard of care was below average, had deliberately sheltered him for many years, and that some of her difficulty was economic was not readily disclosed to us. This family has been kept together. The children are at home, reasonably happy, and of average nutrition. The home is not a good one but it is a happier one. It may be that by keeping families together, difficult as they are, much is done not

only for this generation of children but for the children who are to follow in future generations.

The help and assistance of the Health Visitors, as supplemented by help and advice received through our local committee for the co-ordination of effort to help these families, the Probation Officer, the N.S.P.C.C. Inspector, the Housing Manager, the Mental Health Service Worker, and the Children's Officer, play their part in helping to reach the best decision in these difficult families. In dealing with them, we all have at times a sense of frustration, but over the years a real improvement has been made.

At present we have seven problem families on our register. There are a further six who are incipient problem families, and who, it is felt, would easily slip into the problem category, and, indeed, may yet do so, but it must be our endeavour to prevent this.

One of the most difficult tasks is to convince these families that an official of the local authority is visiting them in a helpful capacity, for officialdom in any form is feared and resented. The Health Visitors are trying to spend more time with the female children, for these girls are really important in the future. Brought up, as they are, in an atmosphere of muddle, dirt, debt and delay, it is important that an attempt should be made to train them in a more regular routine. Many of these problem families with the best will in the world are adepts at procrastination ; they have so much to do that they break off from one job to start another, never completing any one task, and the instillation into them of routine is most important. With their inadequate feeding, the mother often suffers from minor ill-health and she never retains the full vigour of the normal person. Other families tend to avoid them, and the children do not have the same opportunity of observing a well-run home. Almost always bed-wetters are put with children who do not suffer from Enuresis but gradually learn to do so. Mattresses which are not protected or even dried properly give way and it is usual for a problem family to have a heap of flocks on the floor from a collapsed mattress. We have been able to help in the provision of new mattresses through the kindness of a local firm.

The local Council have helped in the re-housing of some of these problem families, and indeed for one very large family a house was specially purchased. On the whole there has been a good response to re-housing, but it is difficult for a Council to let a house to a tenant whom they know beforehand will not be a good one. Unfortunately, a private landlord cannot be expected

to let a house to an unsatisfactory tenant, and the re-housing of these families as soon as some improvement is being registered, is a part of a local authority's duty.

Midwifery and Maternity Services.

Miss Adamson commenced duty as midwife in the Elland and Greetland areas at the beginning of the year, after a period of four months without a midwife for this district. It says a great deal for the co-operation of the other midwives, particularly Miss Lister, that we were able to maintain the service in Elland during this difficult period. Miss Adamson has worked under difficulties, as she was not able to have a car, not having passed the driving test, but all calls have been met and it is hoped that this difficulty will be overcome at an early date. Mrs. Mager has continued to act as Home Nurse/Midwife at Stainland.

275 children were born to Elland residents during the year. Of these, only 68 were born at home. It will be seen, therefore, that the number of hospital confinements is still far too large. Because of this, many of the mothers and babies are discharged well before the fourteenth day. This is unfortunate. In theory they come home to rest and rest is still necessary for them, but we find that a great many commence straight away with household duties. If there are children in the home already, they welcome back a mother who has left them but who devotes a good proportion of her time to a new-comer to the family circle. A baby born at home is more readily accepted by the older children than one who arrives with the mother and almost monopolizes her attentions.

It is true that in Elland we still have a large number of sub-standard houses, and the number of Council houses provided since the War is all too few. Many of these houses are unfit for home confinement. With the comparatively low birth rate there are, of course, a large number of first babies, and for these, too, there is a case for hospital confinement. Other cases for medical reasons have hospital admission, but there remain a large number who, in my opinion, would be better delivered at home. Despite the small number, the percentage born at home has gradually increased since 1951. In 1951, only 16 per cent. of babies were born at home, and in 1956, 25 per cent. Even so, it will be appreciated that 75 per cent. is a very high percentage of babies to be born in hospital.

The work done by the midwives is set out in Table 7 which follows :—

TABLE 7.

Work done by the Midwives during 1956.

Labours conducted :	(a) as midwives	...	...	68
	(b) as maternity nurses	...	...	nil
	(c) total	...	...	68
Ante-natal visits	...	...	...	368
Post-natal visits	...	...	...	1249

Ante-Natal Clinics.

Table 8 gives particulars of the attendances at the Ante-Natal Clinics. It will be seen that only 58 mothers attended our Ante-Natal Clinics. There has been a tendency in recent years for a fall in the number of mothers attending this Clinic. The reason for this fall is that many Doctors are now preferring to do their own ante-natal work, and all expectant mothers had some ante-natal care either at the hospital, their own doctor or our Ante-Natal Clinic. Some, indeed, attended our Clinic in addition to the hospital and the medical practitioner.

TABLE 8.

Attendances at Ante-Natal Clinics.

	1953.	1954.	1955.	1956.
Number of Sessions ...	36	40	53	53
Total number of individual expectant mothers ...	72	50	45	58
Total number of attendances	254	194	178	235
Average number of patients per session ...	7.06	4.85	3.36	4.43

Post-Natal Clinics.

Only seven patients attended the clinics post-natally, but almost all the mothers received a post-natal examination either at the hospital, from their own Doctor, or at the clinics. It is not always easy to persuade the mothers to have a post-natal examination, necessary though this is, as after delivery their interest is concentrated on the baby rather than on themselves.

Relaxation Clinic.

It is noteworthy that the 78 mothers made 679 attendances at 46 sessions. Each mother made an average of 8 attendances. Of the mothers attending, none had to have instrumental deliveries.

These classes commenced in 1951, when 21 mothers made only 55 attendances. Each year since then, despite the low birth rate and the number of hospital confinements, the clinic attendances have increased and cases are received from both hospitals and private doctors. It must be stressed that the women attending this clinic are largely made up from women who do not attend at the ordinary ante-natal clinic but come from outside sources. Most of those attending our own ante-natal clinic are having their second and third babies, and most of the cases attending for relaxation are having their first babies, although women who have attended previously are now attending classes for their second and third babies.

Letters received show that very few mothers have found labour very difficult, and the average length of time in labour by women attending this clinic for their first babies was about six hours.

Unfortunately, most of the mothers do not attend post-natally. As the lady in charge of the clinic remarks, "Mothers seem to be reluctant to give time to themselves, once their baby is born." For this reason, an opportunity has been taken of teaching post-natal exercises to the mothers before delivery. All those delivered at home are also given post-natal exercises by the midwives.

I wish mothers would attend post-natally, but, unselfishly, their baby and their home seem to be their first considerations.

Infant Welfare Centres.

In Table 9 below it will be seen that there was an increased total attendance at the two Centres situated in the Urban District of Elland. Of recent years there has been a tendency for numbers attending the Greetland Clinic to increase and the numbers attending the Elland Clinic to go down but there has been an overall trend towards less frequent attendances. Last year this trend was reversed and the total attendances were higher both for the children over and under one year of age and more new cases were registered at both Elland and Greetland Clinics. This trend has been continued this year and more individual children attended and there was an increased number attending for the first time. The trend towards an increase at Greetland and a decrease at Elland has continued in respect of total attendances. It may be that women attending the Elland Clinic for the first time are not so anxious to go again as the premises are not satisfactory. In the bright, pleasant building loaned to us by the Urban District Council at West Vale, there is nothing to deter the mothers from attending Greetland Clinic.

The number of toddlers attending the Clinics is still not sufficiently high. It will be seen that less than half the number of children over one year of age attend compared with the number of children under one year of age.

TABLE 9.
Attendances at the respective Infant Welfare Clinics in 1956.

	Elland.	Greetland.	Totals.
Number of Sessions	50	50	100
Individual Children attending	324	267	591
Children attending for the first time	140	91	231
Medical Consultations	488	702	1190
Average number of medical consultations per session	9.76	14.04	11.90
Attendances of children under 1 year	1415	1306	2721
Attendances of children over 1 year	546	636	1182
Total attendances	1961	1942	3903
Average attendances per session	39.22	38.84	39.03

Ophthalmic Scheme.

During 1956, 9 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in seven cases.

Particulars are as follows :—

Strabismus	8
Epicanthus	1

MENTAL HEALTH.

Mental Health Preventive Service.

On the 28th June, 1955, a psychiatric clinic was established in the Division. It was felt that there was a good deal to be said for the establishment of such a clinic in a building devoted to the service of preventive medicine and positive health.

In the doctors' surgeries and the child welfare centres, in the schools and in the home, general practitioners and health visitors meet many cases of minor mental ill-health, some of which only need a word of encouragement. Health Visitors, in their regular visits to homes, not only treat the family's physical condition but often help with problems which, if neglected, lead to mental ill-health. The provision of psychiatrists to deal with all cases of minor mental illness would be impossible and would not be desirable. The bottle of medicine has been much criticised as being very expensive, and it has been said that this nation is

becoming a nation of medicine drinkers. It is true that in some cases the confidence the medicine gives is of more value than the drugs it contains. This confidence comes from the family doctor and confidence in him has not been impaired by the National Health Service. It may be that the practical help of a bottle of medicine sometimes is of more benefit than mere words. The Health Visitor has no such aid to give point to her educational efforts, but in her regular visits to homes, she has an excellent opportunity of noting early signs of physical and mental ill-health, which are often inter-dependent. A tired mother, who is over-anxious, may have a primary physical disability and when this is put right she can once again face up to her problems with equanimity, but perhaps more often the mental attitude precedes the physical condition.

It can be very hard for a woman who is struggling to maintain her home and her children without great physical reserves if she feels she is not receiving the help and stability she requires from her husband. During an inflationary period, when the cost of living, and particularly the cost of household necessities, rises steadily, it is not always apparent to the husband and father that a rise in wages should be passed on very largely for the maintenance of the home. It is also not taken for granted that a woman as well as a man requires certain periods of relaxation. Small family differences can be magnified when the health of a person is below normal. Children very soon detect difficulties at home. Sometimes they do not wish to detect them and go to extraordinary lengths to prevent themselves doing so.

It may be that we are more conscious of the importance of satisfactory mental health than we used to be, but it does appear that there are more cases of difficulty where we can be helpful. The Health Visitor is able to help the Medical Practitioner in a knowledge of his patients and she in turn can receive much useful knowledge from the Family Doctor. Gradually, these two complementary services are coming closer together, and as they do so, so more will be able to be done for the preservation of mental as well as physical health.

The work at the Child Welfare Centres in the prevention of mental ill-health by advice on social circumstances, recognition of the early signs of conflict, and comfort in anxiety, seems to be very different from the work of earlier years. Then we were dealing mainly with dirt, disease and neglect. Now we often have to deal with over-anxiety. The regular weighing of babies is still a useful provision, but it has become so generally accepted that in the case of a minor loss of weight re-assurance often has to be employed as mothers are now very health conscious.

School children have generally been referred to the Child Guidance Service during the year but at the end of the year, when this Service had become over-burdened, individual schoolchildren were referred to our Psychiatric Clinic. Although it has not been necessary to refer many cases of minor degrees of mental ill-health met in the day-to-day work of the Health Visitor, the backing of the Psychiatric Clinic and the knowledge that behind the Health Visitor is a Mental Health Social Worker and a Psychiatrist, has been a great source of strength.

Dr. Atkinson, the Assistant County Medical Officer, who has assisted Dr. Crotty, the Consultant Psychiatrist, at the Clinic, has gained a great deal from this association, and she has been able to see cases at the ordinary child welfare and school clinic sessions, many of whom it has not been found necessary to refer to the Child Guidance Service nor to the Psychiatrist. It is considered that we should proceed on these lines. The earlier we can see cases and prevent them from developing into frank mental ill-health, the more we can fulfil our duty as a preventive mental health service. The other part of a mental health service, that of helping people to attain positive mental health is, of course, a regular part of the duties of the Health Visitor and of the School Nurse, but it is contributed to by all the services, both of voluntary bodies and of local authorities, which improve the social circumstances of the home, and high on this list must appear the work of the Housing Committee of the local authority, the work of the school-teachers, the National Assistance Board, and all the many voluntary clubs for old people. Employers, too, by making good working conditions, and the Welfare Officers of the larger industrial firms contribute their share to positive health.

There appears to be some improvement in the public attitude to mental illness. A person who is mentally ill for a short period has not always been regarded as convalescent and an object of sympathy rather than pity and as a person who is comparable with someone recovering from a physical illness. As more and more people are admitted as voluntary patients, the attitude of the public does seem to be improving and it is becoming generally acknowledged that a patient recovering from mental illness requires rather more sympathy and help than someone who has been physically ill before they are capable of full restoration to complete health.

I believe that psychiatric clinics established within the preventive health service can play their part in inculcating within the public mind this new orientation to mental ill-health.

The Brighouse Psychiatrist Out-Patient Clinic.

During 1956, there were 80 new cases attending our Psychiatric Clinic, and altogether 744 attendances were made. As the Clinic became longer established, more and more time was necessary and towards the end of the year clinic sessions were extending from 2-30 p.m. to 9 p.m., and sometimes 10 p.m. Many of our patients were workers, and the evening session had become necessary, if patients were to be encouraged to continue with their work while still attending. This presented many advantages for patients who had been mentally ill, for it is a good thing to encourage patients who have been mentally ill to continue in the routine attendance at work and not to interrupt this whenever possible, and for this reason clinics have now been arranged alternate weeks for afternoon and evening sessions. This meant a great deal more work for the Mental Health Social Worker, who has undertaken it cheerfully and courageously. She has felt great benefit from having behind her this Clinic and the firm backing and advice of Dr. Crotty.

No treatment has been carried out at the Clinic. All drugs have been ordered by the patient's own doctor, and when a patient has required E.C.T. or other treatment and is able to continue as an out-patient, this has been arranged at the Huddersfield Royal Infirmary. The x-ray examinations have been arranged through the Halifax Royal Infirmary.

The number of cases admitted to Hospital from the Clinic is fourteen, all these being voluntary admissions. Only one was a certified case.

We have unfortunately received a considerable proportion of patients who had advanced mental illness. It was not originally intended that these cases would form any large proportion of the work of this Clinic, but it is inevitable that a certain number be of this character. There is no doubt that the patients have appreciated attending a building which is not primarily concerned with the treatment of disease.

All cases seen at the Clinic have been sent with the consent of the Family Doctor and with his co-operation.

The report of Dr. Crotty, the Psychiatrist, on the work of this Clinic during 1956 is appended below.

During the past year the Clinic seems to have become firmly established. Referrals have been steady, and have in some cases been made by family doctors on the initiative of the patients themselves, due to their having heard of the Clinic and its accessibility from others. Psychiatric cases inevitably pile up when any serious attempt at Psychotherapy is made, with the result that we have now rather too many patients.

The majority of referrals consist of new cases. There has, however, been an increase in the number of follow-ups. Of children under school age we have had none this year, but we have had a number of school children. Those needing play therapy, are at present seen by Doctor Atkinson, of the Divisional Health Department, since Doctor Leese, the County Child Psychiatrist, is already burdened sufficiently at Mirfield. In addition, Dr. Atkinson also deals with a number of the adults. I could wish that she saw more, but have been unable to work out a satisfactory method of distribution so far. (Any problems she has are discussed and this arrangement is working successfully). The rapidity with which she has absorbed psychiatric methods of investigation and management makes her an increasingly useful member of the team.

Miss Wroe, the Mental Health Social Worker, continues to take histories of cases referred, to visit homes, employers, etc. where indicated, and to deal with the laborious matter of the appointments.

Laboratory investigations are carried out by the County Laboratory, while the Radiologist at Halifax is most obliging where radiology is required.

The atmosphere of the Clinic continues to be pleasant, even when there is the strain of having to deal with too many people in too short a time.

Once again I must thank the Divisional Medical Officer, Dr. Appleton, for his constant helpfulness.

Mental Deficiency.

Regular visits were made by the Mental Health Social Worker to all defectives in the area who are under supervision. The figures given in this report are for the whole Division ; it has not been thought desirable to split them up into different districts. The number of defectives under supervision at the 31st December, 1956, was as follows :—

Statutory Supervision.

Males under 16 years of age	...	...	14
Females under 16 years of age	...	...	11
Males over 16 years of age	...	...	18
Females over 16 years of age	...	...	17

Under Guardianship.

Males over 16 years of age	...	...	—
Females over 16 year of age	...	...	1

Voluntary Supervision.

Males over 16 years of age	...	...	4
Females over 16 years of age	...	...	1

It will be seen that 66 defectives (22 male and 19 female adults and 14 male and 11 female children) were under some form of supervision. Eleven defectives (6 males and 5 females) were placed on the Register during the year, and eleven were removed (3 males and 8 females). One male and two females left the district ; two males and five females were admitted to institutions, and one female married.

The following are the particulars of adults under supervision at the end of the year :—

Nineteen defectives were in regular, gainful employment (13 males and 6 females), six males being employed in the textile industry, four as labourers and two as farm labourers, the remaining male working for his father. Of the females, four were employed in the textile industry and two on laundry and domestic work. Eight female defectives were occupied at home in household tasks and handwork. Three defectives (1 male and 2 females) are suffering from crippling defects which prevent their employment, and another nine defectives (6 males and 3 females) do not follow any occupation. Two males over sixteen attend Industrial Centres.

Of the 25 children, one male is in gainful employment as a textile worker and three males are still at school. Thirteen (5 males and 8 females) attend the Group Training Class at Waring Green Community Centre, and four (2 males and 2 females) attend Westwood Occupation Centre. Four defectives (3 males and 1 female) are unable to follow any employment.

Group Training Class.

The Group Training Class which was established in 1952 is continuing to do excellent work, and will form the nucleus of the occupation centre, when it is opened early in 1957. The adaptation of the Holme House Day Nursery is well advanced, and we hope very soon to have established an occupation centre in the area. We shall then be able to bring in the children from Westwood, and other children, as transport will be provided. It is hoped that there will be accommodation for approximately thirty children,

and this will meet the entire needs of the area for children and female adults. The number of male adults would not justify the opening of an industrial centre, and it is expected that any young male adults who require an industrial centre will continue to attend the Centres in the neighbouring City of Bradford.

The Duly Authorised Officer, Mr. Johnson, has given me the following report on his work in the Elland Urban District during 1956 :—

Persons removed as certified patients to Mental Hospitals	
under Section 16, Lunacy Act, 1890	7
Persons removed under Section 20, Lunacy Act, 1890 ...	5
Persons removed under Section 21, Lunacy Act, 1890 ...	1
Persons assisted in obtaining admission to Mental	
Hospitals as voluntary patients under Section 1,	
Mental Treatment Act, 1930	5

GERIATRICS.

The two 'Darby and Joan' Clubs were supplemented during the year by a new Club in the West Vale area. Many of the old people from 'Glenholme,' the Home established at West Vale, were present at the opening to give the new Club a sure start and the Club was appropriately opened by the Matron of Glenholme. This Club has made excellent progress under the guidance of Councillor Mrs. A. R. West and her Committee and is filling a great need. We now have Clubs at Elland, Greetland and West Vale. A great deal of pleasure and happiness comes from these Clubs, and as a health department we welcome the good work that they do.

In another section of the report I have referred to the difficulty in obtaining hospital accommodation for old people living alone who are taken ill, and I have also mentioned the three ways in which old people could be helped considerably, namely, by the provision of a chiropody service, the provision of meals, and a laundry service. Much of the time of Home Helps is spent in providing the old people with a meal on one or two days a week but the diet of the old people leaves much to be desired, and they are often unwilling to spend sufficient of their income on food. Cooking a dinner for one is expensive and time-consuming. Many of the ambulant old people would be helped if meals centres were established. A start is being made with the erection of bungalows in the Elland Urban District. This is a measure we welcome for old people can often manage to look after a bungalow, or an old persons' flat, sometimes with help from the domestic help service,

whereas the older type of house, which sometimes has attics and cellars with awkward and difficult stairs, proves too much for the elderly. The County Council have decided that they are prepared to consider making contributions under Section 126 of the Local Government Act, 1948, towards the expenses incurred by them in the development of services for aged persons accommodated on Council estates. It is, of course, most desirable that old people should remain in their own homes, both from their own point of view and from the point of view of rising costs for residential accommodation.

There is no doubt that the housing of old people has an important contribution to pay to their general welfare, and within the terms of the County Council's resolution it may be possible to provide for the erection of a house or a bungalow near old persons' dwellings, where a warden or caretaker is housed charged with part-time duties, and the provision of a community room as a general meeting place for recreation where meals could be provided on a voluntary basis at a reasonable cost. I feel that this provision is well worth the consideration of the Council. At the same time in the community centre a small laundry could be provided and facilities made available for chiropody treatment.

At West Vale the old District Nursing Fund is being used to provide chiropody for cases brought forward by doctors, district nurses and health visitors, and already this is much appreciated and is helping to keep the old people ambulant. The problem of old age is one we all have to face and it is of necessity an increasing problem as the number of old people form an ever-increasing ratio of the total population. It is well established that old persons living in bungalows or Council houses, generally speaking, make less demands on residential accommodation than those living in the older and unfit type of house. I think it is important that the old people's estates should form part of a larger estate, so that they can share in the whole community life of the district, but there is much to be said for forming a whole colony of bungalows, served by a community centre and perhaps with the help of a warden, as part of a large Council estate.

CARE AND AFTER CARE.

Many requests are received from the hospitals for after-care of patients. Most of these refer to cases who require treatment by the District Nurses after discharge from hospital. In addition to the hospitals, some cases are referred to us direct from the general medical practitioners. We are also notified of all the cases discharged from mental hospitals, and these cases are, of course, visited by the Mental Health Social Worker and are found in the section of the report dealing with mental health.

Liaison has been established with the Hospitals by personal contact and telephonic communication between the Health Visitors and the Almoners of the various Hospitals concerned, and background reports are asked for from time to time.

We usually receive notices of discharges of child patients with notes of their condition, and reports are also received when elderly or chronic sick patients are discharged from Hospital and require Home Help and nursing attention. Cases discharged from mental hospitals are notified to us, but usually we receive little background knowledge. This position has been remedied to a great extent by the establishment of a psychiatric clinic and is dealt with in the section dealing with mental health. Maternity cases are often discharged from hospital long before the fourteenth day, and our midwives are called in to help in these cases.

The number of cases we provided with after-care as a result of direct requests from the hospitals was 82. Of these, 33 requests were received for Home Nurses, 9 for midwifery, 38 for the services of a Health Visitor and 2 for Home Helps.

It was the previous practice of the Halifax Hospitals Management Committee to call for a background report from Health Visitors of all cases to be admitted to St. John's Hospital, Halifax. This had great advantages, for the Health Visitor who visits old people over a long period can give a very fair picture of their need. She is often called upon by general practitioners to help in advising the old people on diet, applications for National Assistance, Home Helps, and so on, and during the course of her visits comes to know the old people and their circumstances very intimately. Unfortunately, these background reports are no longer required. Recently the system has been substituted of the Geriatrician attached to the Hospital visiting the patients himself. Sometimes he visits when after a prolonged struggle the patient has been made comfortable and happy, or perhaps is being visited by a relative who comes very rarely. It is considered that the home circumstances cannot be properly assessed by one visit of this kind. Lately, too, the pressure on beds has meant that some old people who could not be properly attended to at home have had to have their final illness at home, often placing a great strain on hard-pressed relatives or friends.

Care of the diabetic patient is also a matter for close liaison with the hospital department responsible. Many diabetics are able to carry on very adequately but they are helped considerably by a visit from the Health Visitor to advise them on diet, the testing of urine, etc. Others require the District Nurse as they are unable

to give themselves their Insulin or to arrange for a competent relation to do it for them. Much of the work with diabetics is primarily educational in character and properly belongs to the Health Visitor working with the General Practitioner and Hospital Consultant but where daily injections are required, the District Nurse is the person engaged.

The care and after-care of patients suffering from Tuberculosis is reinforced by the work of the Ashlar Care Committee. A very close liaison is established here with the Chest Consultant and the Hospitals. The Tuberculosis Health Visitor regularly visits the Chest Clinic and periodically pays visits to the Hospitals to see the patients she has known at home and those who are expecting discharge. In this way, the path is made smoother for them and she is able to give them news of the circumstances in which their wives, husbands and families are living. This is discussed further in the section of the report devoted to Tuberculosis.

SANITARY CIRCUMSTANCES IN THE AREA.

Water Supply.

Of the 7,178 inhabited houses in the Borough 6,967 are on the public water supply. The remaining houses have private supplies derived from springs and wells, the majority of which are liable to contamination. The number of houses not yet on public water supply is 214, or 3 per cent. of the total houses in the district. The majority of these houses are at Stainland.

86 % of the houses on public water supply are supplied by Halifax Corporation and 3% by Huddersfield Corporation, the remaining 11% being supplied from our own reservoirs at Coldacre and Upper Greetland. The public water supply from Halifax and Huddersfield has been satisfactory in quantity and quality. Bacteriological examination and chemical analysis of the water from our reservoirs have been satisfactory.

We have been seriously concerned about the Upper Greetland water supply. This acid moorland water showed a high degree of plumbo-solvency, and from 1947 to 1954 results were not satisfactory. In 1954, steps were taken which have been described in previous reports, and since then it will be seen from the accompanying table we have had more satisfactory results, and the water since this treatment has shown a pH value of between 6.6 and 8.0 with no lead content.

Place of Collection.		Date of Collection.	Results (lead content in gns. per gall.)			
			All night		Half hour	
			Lead	pH value	Lead	pH value
Whitehall, Turbury Lane, Upper Greetland		8.12.47	Nil	9.6	Nil	9.4
New House, Upper Greetland	...	14.7.48	1/24th	6.8	Nil	6.7
New House, Upper Greetland	...	4.11.48	1/36th	6.6	Nil	6.5
New House, Upper Greetland	...	25.3.49	1/2	6.3	1/8th	5.5
Prospect House, Upper Greetland	...	15.2.50	1/5th	6.0	1/10th	6.0
Prospect House, Upper Greetland	...	2.12.50	1/4th	5.0	1/10th	5.4
Prospect House, Upper Greetland	...	4.9.51	1/30th	6.0	1/100th	6.2
Prospect House, Upper Greetland	...	13.11.51	1/15th	6.4	Nil	6.2
Prospect House, Upper Greetland	...	8.4.52	2/5th	5.8	1/14th	6.0
Upper Turbury, Turbury Lane	...	19.12.52	3/10th	5.9	3/50th	5.7
Hey, Turbury Lane, Greetland	...	16.4.53	4/10th	6.5	1/10th	5.8
Turbury Hall, Greetland	...	29.9.53	1/10th	7.3	Nil	7.2
Turbury Hall, Greetland	...	3.3.54	6/25th	6.8	3/25th	5.8
Turbury Hall, Greetland	...	24.9.54	Nil	6.6	Nil	6.6
Turbury Hall, Greetland	...	31.3.55	Nil	7.7	Nil	7.8
Turbury Hall, Greetland	...	7.10.55	Nil	8.2	Nil	8.0
Turbury Hall, Greetland	...	14.3.56	Nil	6.6	Nil	6.6
Turbury Hall, Greetland	...	26.9.56	Nil	7.0	Nil	7.0

Drainage and Sewerage.

I still have to report that almost 500 houses, or almost 7% of the houses in the district, are not yet connected to a sewer. This must be a matter of concern to this department, for this is an Urban District and the year under review is 1956. This matter has been mentioned in my annual report for some years past. I continue to mention it as I consider this a matter of public concern.

Rivers and Streams.

The Yorkshire Ouse River Board is the supervising Authority. No complaints regarding the pollution of any streams in the area were received in the Health Department during the year.

Public Baths.

I am obliged to Mr. F. R. Birkhead for the following statement of the attendances of bathers during 1956 :—

Mixed Bathing	...	...	...	...	17,387
Males	...	...	...	...	4,578
Females	...	...	...	...	4,226
School Children's Classes	...	...	...	...	12,233
Foam, Steam, etc.	...	...	...	...	469
Slipper Baths	...	...	...	...	8,081

It will be seen that there is a fall in the number of daily bathers as compared with previous years. The number of slipper baths remain fairly constant. This is not surprising for there are very few new houses in Elland and the number of houses without baths still remains a very considerable one.

HOUSING.

At the end of 1956, 324 post-war Council houses had been erected in the Elland Urban District. This gives an average of 29 new Council houses each year for the eleven years. If we eliminate 1946 and 1947, when the housing programme in Elland had not really got going (only five houses were erected in 1947 and none at all in 1946), we obtain an average figure of 36 per year. It is a matter for regret that in 1956 the number of houses erected again fell below the average figure, only 34 being completed. The position year by year is as follows :—

Year.	No. completed.		
1946	...	Nil.	It was decided not to accept prefabricated houses.
1947	...	5	
1948	...	46	
1949	...	33	
1950	...	30	
1951	...	56	
1952	...	10	
1953	...	32	
1954	...	52	
1955	...	26	
1956	...	34	

It will be remembered that in the slum clearance programme submitted under Section 1 of the Housing Repair and Rents Act, 1954, it was estimated that we should be able to deal with 260 houses in the first five years, and in the fifteen years of the programme a total of 660 houses. It was considered that this figure was a bare minimum and would only deal with the worst of the problem. This figure was submitted because it was thought unwise and unrealistic to submit a larger one. During the sixteen months from August, 1955 to December, 1956, a total of 63 houses were represented to the Council and a further two houses were dealt with by informal action. Of these, 56 were in clearance areas and 9 were individual houses. It will be seen that a total of 65 houses falls short by 13 of the number we hoped to deal with by the end of 1956.

The Council has now decided that all new houses should be built for slum clearance purposes but we were informed that the first instalment of these houses would be 20 bungalows followed by 12 two-bedroomed houses in Elland Lane, and up to the end of the year no plans for any future development had been formulated, although the Council did agree in August 'to give urgent consideration to the provision of housing sites, large and small, for the re-housing of 500 tenants to be displaced by the Council's slum clearance programme.' It will be realised that even the sites for the houses had not been decided by the end of the year. It would be wrong of your officers to bring forward houses for consideration in clearance areas when there is no sign of the tenants being re-housed, and it is impossible to visualise the re-housing of all the tenants in 1957 in the areas represented in 1956. Up to the end of 1956, only one tenant had been re-housed by the Council, and it would appear unlikely that more than a further 20 will be re-housed in 1957. Fortunately, of the houses we dealt with in 1956, which were, of course, among the worst of those included in

the programme, 18 were unoccupied and another tenant has since re-housed himself, so that out of a total of 65 tenants, one had been re-housed by the Council, 19 had not required re-housing, and 45 were still awaiting houses.

The Dyson's Yard and Westgate Clearance Area, which was again represented in 1955, showed signs of being dealt with at the end of the year. Of the six houses in this area, one was unoccupied and another tenant obtained private accommodation. Three of the other tenants were re-housed by the Council, and only one tenant remains for re-housing. This tenant had refused accommodation offered, and the Council decided to offer alternative accommodation in 1957. It will be seen that, with the three tenants from this area, altogether four tenants from slum clearance property were re-housed in 1956, and that 46 tenants from property already represented required houses at the beginning of 1957. 20 bungalows and 12 two-bedroomed houses are at best all we can expect to be provided. This will leave an unlucky fourteen tenants still awaiting re-housing out of the houses already represented by the end of 1957.

It was decided that all the clearance areas should be dealt with by clearance orders. None of the orders had been confirmed by the end of 1956, and an appeal was lodged in respect of the one area which comprised the houses 59/61, Westgate, and the lock-up shop, 61a, Westgate.

The position is so serious that we do not anticipate any progress in the slum clearance programme during 1957.

I am sorry to have to stress once again the urgency of a sufficient number of houses being provided by the Council, but it must be emphasised that our programme was a bare minimum. Already, by 1956 we had fallen short on it, and in 1957 it is difficult to see how it will be possible to make any progress whatsoever. By this time the first five years will be half completed, and we must hope that substantial housing progress is made to enable us to deal with the rest of the houses in the first five years programme at an accelerated rate.

It will be appreciated that in the first part of the programme a large number of unoccupied houses have been included, i.e., 18 out of 65, or approximately 27%. I am afraid we cannot rely on such a high percentage in the future, and I do not anticipate that many tenants will wish to re-house themselves. To deal with the remainder of our programme over 200 additional houses are required during the next three years. I know that the Council are aware of this position, but I thought it appropriate to draw their attention again to the size of the problem that awaits us.

We have knowledge now of only eleven houses which are overcrowded, housing sixteen families. Thirteen cases of overcrowding were relieved during the year. Other cases may exist but it is believed that the worst of the overcrowding problem has been dealt with and this leaves the Council free to proceed on building for the re-housing of tenants from sub-standard houses, as existing cases of overcrowding are able to be dealt with by re-lets.

SMOKE ABATEMENT.

Smoke observations were taken again during the year, and in all 40 observations were taken. In six cases the limit of three minutes in thirty was exceeded and steps were taken in respect of these.

Last year I referred to difficulties arising from a Brick Works which is situated very near the centre of the town. The prevailing wind does not carry the smoke from these works towards the town but in the damp cold weather, when there is little wind, the smoke from these chimneys does not get away easily. Although the chimneys are 120 feet high, they are not high enough to go over the top of the hill. The architectural advice is that it is inadvisable to raise the chimneys. The firm in question have bought coal with a smaller sulphur content. This has resulted in a 50% reduction in the sulphur content of the chimney effluent, and tests taken recently do not point to any substantial pollution by sulphur dioxide. In addition to the smoke from these chimneys, there is another problem—that of salt glazing. The practice of salt glazing results in the emission of a white fume, consisting mainly of steam, but it contains volatilised salt and small concentrations of hydrogen chloride. Although this emission may not be dangerous, it is very obvious and the appearance of this cannot fail to be a source of anxiety. Work on the possible substitutes for salt and tests for disposal are going on, and it is hoped that some progress will be made at an early date.

The danger to health from the emission from salt glazing is not thought to be a serious one but it is understood that the public, seeing the white fume which does not get away easily on a damp, cold day, of necessity, are anxious about it, and the Council and the firm in question are doing all they can to help in this matter.

RATS AND MICE DESTRUCTION.

The work of the Rodent Operative still continues and is still found necessary, and 286 treatments have been carried out to 79 domestic premises and 27 industrial premises during the year.

In addition, farms, sewage works and tips have all been visited, and altogether 1,653 visits were made. The estimated number of rats and mice killed was over 1,500. Further details will be found in the Public Health Inspector's report.

FOOD INSPECTION AND SUPERVISION.

Milk Supply.

Particulars of the samples taken and the results obtained are given in the Sanitary Inspector's report.

The Milk (Special Designations) (Specified Areas No. 3) Order, 1953, came into force on the 1st January, 1954, and only designated milk is now sold in this district.

Ice Cream.

There are now 68 premises registered in the district under Section 15 of the Food and Drugs Act, 1955, for the manufacture or sale of ice cream, and 81 visits were paid to them during the year.

Meat.

It will be remembered that from July, 1954, a new duty has fallen on the Sanitary Inspectors—that of examining the meat in the six private slaughterhouses in the district. During the year, 1,206 visits have been paid to these slaughterhouses, often at very inconvenient times, and almost 8,000 animals have been slaughtered and inspected. Some of these animals have, of course, been brought in for slaughtering from other districts who have not private slaughterhouses available, and some of the meat consumed in Elland is similarly killed in slaughterhouses in neighbouring districts.

It is considered that our present number of slaughterhouses should not be exceeded and the Council have decided that they are sufficient for the needs of the district.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

General.

The notifiable disease most prevalent during 1956 was Whooping Cough of which 59 cases were notified.

Diphtheria Immunisation.

There has been no case of Diphtheria notified in Elland since 1948. I consider that it is fair to assume that the fall in the incidence of this disease, which is general throughout the country, is partly due to Diphtheria immunisation.

The number of children who had completed a full course of Immunisation at any time up to the 31st December, 1956 is as follows :—

Age at 31.12.1956

Under 1	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.
30	136	140	166	178	1141	1077

Total : 2,868.

The age in this table is at the 31st December, 1956, and it will be appreciated that many of the children immunised early in 1956 but born in 1955 were actually under one at the time of immunisation. The usual age for immunisation against Diphtheria is eight months, and the immunisation takes a month to complete, so that it is only possible for the children born in the first three months of the year to be immunised during the year of birth.

As with previous years, I give the figures of children immunised in two groups, the first group being children who have received either an initial or a booster dose in the last five years, and the second group those who were immunised at a date preceding this. The first group shows children who can be regarded as at maximum protection. It is our aim to carry out booster doses before admission to the primary school at the age of five, and again at the age of ten.

Number of children at 31st December, 1956, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1942).

	Under				
Age at 31.12.56	1	1—4	5—9	10—14	Under 15
i.e. Born in Year	1956	1955-1952	1951-1947	1946-1942	Total
A. 1952-1956	30	620	625	168	1443
B. 1951-1942	—	—	516	909	1425

During 1956, 186 children were immunised and in addition 77 children were given booster doses.

Although there is a slight increase in the number of children immunised, there has been a natural tendency for parents to postpone immunisation, and such postponement often means that the children miss it altogether.

Only 186 children were immunised, and our births this year were 264, which serves as a useful guide to the number of non-immunes entering the population.

Vaccination.

There were no cases of Smallpox during the year.

Vaccinations carried out during the year were as follows :—

Ages.

Under 1 yr.	1 yr.	2—4 yrs.	5-14 yrs.	15 and over	Total
139	5	7	7	12	170
Re-Vaccinations		2	3	34	39

Vaccination was again offered to all workers in cotton mills who had not been recently vaccinated but there was a poor response.

It will be our endeavour to keep a satisfactory vaccination state in the cotton mills in order to prevent a possible source of infection.

Whooping Cough.

This year there were 59 cases of Whooping Cough notified in Elland as compared with 41 cases last year.

During 1956, 169 children were immunised against Whooping Cough. 128 of these were under one year of age. It is in the very young children that Whooping Cough presents its greatest danger and it is our endeavour to continue to immunise as many as possible particularly under the age of one year.

Scarlet Fever.

There were 30 cases of Scarlet Fever during 1956, compared with 46 cases in 1955. These were usually mild in character. Twelve cases were admitted to hospital. In these cases home conditions were not suitable for nursing the case at home, and they were admitted to hospital to segregate them from the rest of the family. In some cases other members of the family were foodhandlers, and in others the houses were overcrowded and it was impossible to isolate them at home.

Measles.

Last year we had a Measles epidemic, there being 340 cases. This year only three cases were notified, a remarkably low figure. This small number of cases leads us to expect an epidemic in 1957.

There is no means of immunising the population at risk in the case of Measles, which is extremely common in childhood. The chest complications are not so severe as they used to be, due to the use of anti-biotics.

Acute Anterior Poliomyelitis.

There was one case of Anterior Poliomyelitis during 1956.

This case occurred in a girl of eight years. Her earliest symptoms were weakness of one arm and later of the other limbs. She made a full recovery and no other cases were notified.

Vaccination against Poliomyelitis was offered to children born in the years 1947 to 1954 as a new prophylactic measure using an inactivated virus. Many parents were doubtful about this treatment, but altogether 653 acceptances were received. Out of this number it was only possible to vaccinate a small proportion of them in 1956 but it is hoped that the whole of them will have received this vaccination by the end of 1957. In no cases were there any untoward reactions and none of the children vaccinated have since developed Poliomyelitis.

With growing confidence many parents who were not willing to avail themselves of this vaccination when it was introduced now wish to do so, and we hope that it will shortly be possible to offer vaccination to the parents who were hesitant at the time of its introduction.

The reason so few were vaccinated was principally because vaccination was stopped during the summer months when Anterior Poliomyelitis has its maximum incidence and early limited supplies of vaccine ceased.

Erysipelas.

There were three cases of Erysipelas during the year.

Cerebro-Spinal Fever.

No cases of Cerebro-Spinal Fever were notified during 1956.

Food Poisoning.

There was no case of Food Poisoning notified during the year.

Sonne Dysentery.

Seven cases of Sonne Dysentery were notified during the year, as compared with 5 last year. Six of these cases occurred in January, and only one during the summer, but many mild cases of Diarrhoea occurred which were not notified and which may well have been cases of this disease.

Puerperal Pyrexia.

There were two cases of Puerperal Pyrexia in 1956. One of the cases was considered to be due to Pyelitis and the other to breast engorgment. Different midwives attended them, so that although both the cases occurred at the same time, there was no connection between the two. As a safeguard, swabs were taken from the midwives, and the throat swab of one midwife was found to have a Haemolytic Streptococcus Lancefield Type 'A.' She was taken off midwifery duty until we had obtained three consecutive negative swabs.

Ophthalmia Neonatorum.

No cases of Ophthalmia Neonatorum were notified during the year.

Pneumonia.

Ten cases of Pneumonia were notified during 1956, and there were four deaths from the disease.

Tuberculosis.

The statistics relating to Tuberculosis are presented in tabular form in Table 12.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, nor under the Public Health Act, 1936, Section 172.

There were 10 notifications of Respiratory Tuberculosis during 1956, as compared with 24 in 1955, and two cases of non-respiratory Tuberculosis, as compared with one in 1955.

Both the cases of non-respiratory Tuberculosis occurred in children under 15. One was a case of Cervical Adenitis, and the other a case of Meningitis. Immediate family contacts were examined with negative results.

It was anticipated that there would be a fall in the number of notifications of Respiratory Tuberculosis, as the Mass Radiography Unit visited the area last year, so that the incidence can be more properly compared with that of 1954, when there were 17 cases of Respiratory Tuberculosis. The 10 cases reported this year are the lowest figure we have had since 1948, and it does, I consider, represent a real fall in the incidence of this disease. In recent years the figure has been higher, due, we believe, to earlier diagnosis and prompt tracing of contacts. Despite equal vigilance, a real fall has been shown this year.

Of the respiratory cases notified during the year, 7 were males and 3 females. Only one case occurred in a child, a girl of nine years. This family lived in very bad housing conditions, and another child in the family had previously been notified. The family have been re-housed, and the girl is making good progress. A younger child, born in 1955, was treated with B.C.G. This girl was under observation as a result of the notification of the previous case, thus proving the value of contact tracing. The other two female cases were adults, both of whom had a family history of Tuberculosis. One of them has since given birth to a baby girl, who has received B.C.G. vaccination. Of the male cases, 3 occurred in males over 50 years of age, and 4 were young male adults.

Two of the patients suffering from Tuberculosis, a man aged 58 and a woman aged 71, died during the year. The death of the woman could not be attributed to the disease.

Cases are now being seen earlier. There are plenty of sanatorium beds and there is no need for a long wait for admission. New drug treatment has revolutionised the prognosis of Tuberculosis, and altogether the prospect for this disease is very much better. In consequence there is less reluctance among contacts to be X-rayed, and more people are taking advantage of mass radiography. The Mass Radiography Unit is to visit Elland next year. All contacts who are willing are examined, and it is usually possible to persuade them to be X-rayed. Child contacts are then given either a jelly test or a Mantoux test, and negative reactors are treated with B.C.G. It is usually possible to segregate these children for six weeks from an active case. This has been made easier by the early admission of cases to sanatoria, and arranging the B.C.G. vaccination during the patient's consequent absence.

Tuberculin testing and B.C.G. vaccination have been undertaken in respect of the thirteen-year-old children in the schools in the district. This treatment was offered to 210 children, and the parents of 110 availed themselves of it, so that just over 50% of the parents consented to this very desirable measure. This is a poor percentage as compared with the County average for 1955 of 72%, and it is hoped that the advantages will be apparent of protecting a child who is shortly to leave the environment of school and home and to mix with the adult population at large and thus be exposed to a greater risk. Of the 110 children tested, 39 were found to be positive and presumably had been exposed to the disease at some time. This compares with the percentage positive of 32.2 in the County as a whole in 1955. As the figures are small ones, too much significance should not be attached to them, but

it would appear that the risk of contracting Tuberculosis may be slightly higher than that for the County as a whole. All but one of the children who had a negative Mantoux test later received B.C.G. vaccination. This vaccination against Tuberculosis, using the attenuated strain of the Tubercle Bacillus, is by now well established, and it is hoped that more parents will take advantage of it. Arrangements have been made for all the children vaccinated to be tested again next year.

One child had a marked reaction to the Mantoux test and was investigated for evidence of recent active Tuberculosis, but no evidence of active disease was found. It has been our practice to test all the children who are recommended for sunlight treatment. This year, no positive results were found.

Certain patients suffering from active Tuberculosis received milk free daily under the Extra Nourishment Scheme of the County Council. Most of them received two pints but in some cases only one pint was considered necessary.

The Care Committee, which was formed in 1953, on a Divisional basis, continues to do excellent work. The support it has received has been very satisfactory and has been sufficient to help many people who are distressed. In addition, an annual outing was arranged for patients and their families. This year, once again the outing was to Blackpool, and a total of 82 people, of whom 28 were children, had a day at the seaside. This gave families who would not otherwise have been able to have a holiday a day at the seaside—a day free from anxiety.

The Committee have been able to give practical help in the form of food parcels, bed linen, blankets, clothing and necessities to seven Elland people, and, in addition, 15 special food parcels were distributed at Christmas. The number of cases of Tuberculosis requiring help has gone down, and the Committee has enlarged its scope to include cases of Heart Disease and other cases of chest diseases, including Cancer of the lung, where the patient is incapacitated for a long period and requires practical help.

In addition to the help received from the Committee, the Committee and the Health Visitor were often able to assist the patients to receive additional help from legitimate National sources, e.g., the National Assistance Board, and useful advice has been given which has relieved anxiety.

The Committee are indebted to the many private individuals, schools and firms who have given so generously.

CANCER.

There were 37 deaths during 1956, 17 males and 20 females, from some form of malignant disease.

If we analyse these deaths more closely, we find that 11 males and only one female died from malignant disease of the lungs, and that 11 male deaths out of a total of 17 from malignant disease were due to Cancer of the lungs, and only one female death out of a total of 20 was due to this cause. There is sufficient evidence of association between cigarette smoking and Cancer for us to be seriously concerned. This unpleasant and often fear-promoting disease is at present attacking males predominantly. The evidence presented indicates that heavy smoking is a very important factor, but as the disease does not develop until middle or late life, such smoking takes place over a long period of time. It would seem to be probable that the present prevalence of smoking among women may not have existed sufficiently long for the effects of this smoking to be demonstrated in an increased incidence of Cancer of the lung, and it may be that in another few decades we shall find the same evidence applicable to both sexes.

There are other factors in the causation of this disease but on present evidence it should be the duty of every parent, school-master and colleague to deter young people from this habit. Despite the fear of Cancer, the habit, once established, is persisted in by adults, and it may be thought that 12 deaths from Cancer among the population of 19,000 is a risk worth taking, in view of the satisfaction that smoking gives, but as a preventive medical service it must be the duty of the Health Department to warn particularly parents of young male adults of the dangers that we believe to exist.

Unfortunately, smoking is associated with growing up in the minds of children and the smoking habit is extensively prevalent among the older schoolchildren. It is an adult association which is considered desirable during the last years at school, and the feeling of slight guilt associated with the habit is perhaps pleasurable in an adolescent throwing off the shackles of childhood. When questioning children about their smoking habits, and I have found that they will readily confide in me, knowing, as they do, that such information is confidential, I have discovered that boys particularly keen on sports know that heavy smoking may affect their 'wind' and that this knowledge is the greatest deterrent to smoking. The sportsman is still appreciated in England and particularly among young people success in sport is valued higher

than academic success. It may be that our propaganda will have to be directed on these lines rather than on a possible increase in the incidence of Cancer of the lung in middle and later life, a period which is sufficiently remote as to be non-important.

Despite inflation, proportionately children receive more pocket money than they did previously. If this pocket money is to be spent on cigarettes, the parents might be doing their children a great disservice. I should be reluctant to deprive old people and people in poor mental health, who find solace from smoking, of their cigarettes, and any action on our part towards the reduction in the incidence of Cancer of the lung should be by propaganda and persuasion to the young. It is not a matter for legislation, but perhaps where young people are concerned it is a matter for action by education within the family and appropriate penalties in established cases. Unfortunately the head of the family has not the same power of prohibition he once had and if he smokes himself finds it a difficult subject to approach.

Children undertaking newspaper deliveries and other work they can well undertake outside school hours should not be allowed to keep the extra money in order to indulge in what may be a dangerous habit, and parents should make such employment a conditional one.

The greater incidence of Cancer of the lung in towns suggest that there is a connection between atmospheric pollution and Cancer, and research work on this will be done in Elland. We are hoping to provide information for this research from instruments to be installed.

TABLE 10.
MONTHLY NOTIFICATION OF INFECTIOUS DISEASES DURING 1956.

Month.	Scarlet Fever.	Tuberculosis		Pneumonia	Erysipelas	Puerperal Pyrexia	Dysentery	Measles	Whooping Cough	Anterior Poliomyelitis	Totals
		Lungs	Other								
January	11	1	1	1	—	—	6	—	—	—	20
February	9	1	—	1	—	—	—	—	1	—	12
March	1	1	—	1	1	—	—	—	9	1	14
April	6	2	—	—	—	—	—	—	2	—	10
May	—	—	—	—	—	2	1	—	11	—	14
June	1	—	—	4	2	—	—	—	20	—	27
July	—	—	—	—	—	—	—	—	9	—	9
August	—	—	—	1	—	—	—	2	5	—	8
September	—	2	—	—	—	—	—	—	2	—	4
October	—	1	—	—	—	—	—	—	—	—	1
November	1	2	—	—	—	—	—	1	—	—	4
December	1	—	1	2	—	—	—	—	—	—	4
Totals	30	10	2	10	3	2	7	3	59	1	127

TABLE 11.
NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSIONS DURING THE YEAR 1956.

Disease.				Cases Notified.	Admitted to Hospital.	Total Deaths
Measles	...	...	...	3	—	—
Whooping Cough	...	...	...	59	1	—
Smallpox	...	...	...	—	—	—
Scarlet Fever	...	...	...	30	12	—
Diphtheria	...	...	...	—	—	—
Pneumonia	...	...	...	10	2	4
Anterior Poliomyelitis	...	...	...	1	1	—
Dysentery	...	...	...	7	—	—
Erysipelas	...	...	...	3	—	—
Puerperal Pyrexia	...	...	...	2	—	—
Totals				115	16	4

TABLE 12.
TUBERCULOSIS—New Cases and Mortality during 1956.

		New Cases.				Deaths.			
		Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
Age Periods		M.	F.	M.	F.	M.	F.	M.	F.
0	...	—	—	—	—	—	—	—	—
1	...	—	—	—	—	—	—	—	—
5	...	—	—	1	—	—	—	—	—
10	...	—	1	1	—	—	—	—	—
15	...	—	—	—	—	—	—	—	—
20	...	1	1	—	—	—	—	—	—
25	...	3	1	—	—	—	—	—	—
35	...	—	—	—	—	—	—	—	—
45	...	1	—	—	—	—	—	—	—
55	...	2	—	—	—	1	—	—	—
65 and upwards		—	—	—	—	—	1	—	—
Totals		7	3	2	—	1	1	—	—

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT FOR THE YEAR 1956.

To the Chairman and Members of the Health Committee.

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Annual Report for the year 1956.

Again, as in the previous year, further staff changes took place towards the end of the year. Mr. N. Sykes, who had been of great service to the Department, left to take up an appointment with the Borough of Brighouse. Mr. A. Walker was appointed as Junior Clerk and Mr. P. Nellis was utilised for outdoor duties as far as possible.

The reduction of qualified staff is unfortunate, coming at a time of increasing duties and general increased activity.

The main work during the year, and one that has taken up a large proportion of everyone's time in the Department, has been that of housing. The inspection of houses, preparation of plans, representations and reports, takes up a great amount of time, and other work falls behind. In addition to normal housing work, nine Clearance Areas were submitted to the Committee and Clearance Orders sent to the Ministry for confirmation. None had been confirmed by the end of 1956.

The number of Improvement Grants made under the 1949 Housing Act was 25, almost the same as for 1955. This work is carried out jointly with the Surveyor's Department.

Meat inspection has now stabilised itself into routine work on certain days in six private slaughterhouses. Unfortunately much of this work is outside normal office hours, also involving week-end and holiday duties on the part of the Public Health Inspectors. Improvements were made at one of these slaughterhouses during the year. Mr. E. R. Mitton made an application for approval of his slaughterhouse as a deadweight certification centre for pigs, and the Ministry of Agriculture and Fisheries asked the Council if their Inspectors would assist them in certifying pigs under the Fatstock Guarantee Scheme. This request was granted.

The quality of meat sold in the Council's area remains at a very satisfactory level, but almost half of the carcasses inspected in the slaughterhouses find their way into neighbouring towns.

Owing to pressure of other duties it has not been possible to devote the time to the Food Hygiene Regulations and to the Clean

Air Act that one would have liked, and it is hoped to devote more time to these subjects in the future. Many improvements have been carried out at food premises and these are, generally speaking, of a reasonable standard.

There is, of course, much ground for improvement in atmospheric pollution in the West Riding towns, and statistics show that Elland at any rate, is no worse than others in this respect. An examination of the records kept from day to day show some definite improvement over last year's figures, and an examination of the sulphur dioxide graph again shows without any doubt, that the majority of the pollution from this source comes from the household chimney.

Rodent Control was done mainly by Mr. L. Button on a half time basis by using the 10 cwt. Fordson. Full sewer treatments were carried out during the year and all Council properties and tips received systematic attention.

The most disturbing feature, from a financial point of view, in the Public Cleansing service was the high purchase tax on dustbins. It was found necessary in the Rate Estimates to budget £1,225 for dustbin replacements. Fortunately an easement of this position has now taken place and this year's estimate is down to £750. There is still a glut of waste paper in the Merchant's yards, and it was only possible to dispose of a quota of the waste paper collected.

There is no easement in the difficulty of obtaining satisfactory labour for house refuse collection and it is most unusual to have a full staff at work. It is hoped to get a new refuse collecting vehicle or vehicles in the near future, and this should result in some improvement in the service. One or two of the vehicles are much overdue for replacement. In the absence of a Cleansing Foreman much of the Public Health Officers' time is taken up with matters relating to refuse collection and disposal.

The care and maintenance of Public Conveniences is the responsibility of the Health Committee. It was found necessary to replace the full-time cleaner during the year, and this work is at present being done satisfactorily by Mr. F. Pickles. Much wilful and wanton damage took place, and in spite of Police help, this still persists.

The 'Sanitary Inspectors (Change of Designation) Act, 1956' came into force during 1956, whereby Sanitary Inspectors shall henceforth be designated Public Health Inspectors.

In conclusion may I pay tribute to the willing and conscientious co-operation of Mr. Ramsden and Mr. Nellis, and to thank my staff, fellow Officials, Chairman, Vice-Chairman and members of the Committee for their support and assistance.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

A. D. JACKSON,

Chief Public Health Inspector.

SANITARY ACCOMMODATION.

Number of Pedestal Water Closets	...	5668
Number of Waste Water Closets	...	248
Number of Pail Closets	...	290
Number of Privies	...	81
Water Closets provided to premises during 1956	...	77
Percentage of Closets on Water Carriage system	...	94.1%

In September, 1950, the Council decided to implement Section 47 of the Public Health Act, 1936. Since then 182 pail closets and 31 privies have been converted to water closets, the Council paying half the cost of the conversion. Almost all these improvements took place in the Stainland area. Very few insanitary privies or pails remain that can be readily converted, and those that are being done are mainly in the nature of abolition of the outside convenience and provision of improved indoor sanitation.

The rate of conversion is now reduced considerably as the remaining cases are either difficult to drain with a consequent much higher cost of conversion, or are impossible to deal with at present owing to lack of public sewers and water supplies in the areas concerned.

It is obvious that under present conditions there will still be some 300 pails and privies left in the Stainland area. The satisfactory emptying and cleansing of these becomes a greater problem year by year as it is difficult to obtain labour willing to undertake this objectionable task. The only solution would appear to be a gradual extension of the public sewers and water services to serve the backward districts.

Over 94% of the sanitary conveniences in the Council's area are water closets. The problem of the joint W.C. is still with us, with the trouble of liability for keeping clean and this is often made worse by the unreasonable distance of the conveniences from the houses.

It is gratifying to record that more householders are providing themselves with bathrooms and inside lavatories, this being encouraged, of course, by the Improvements Grant Sections of the 1949 Housing Act.

The Council make a grant of £11 of half the cost of converting waste water closets, whichever is the less. During the year, 23 were replaced by fresh water closets. There are still, however, 248 waste water closets remaining and this is rather a high percentage. The above grant is made where the conversion is effected voluntarily, and no action has been taken as yet to enforce the conversion of the others.

In addition 53 water closets were provided at new houses during the year.

DRAINAGE AND SEWERAGE.

During the year there has been a considerable increase in drainage problems, and a large portion of the Inspectors time has been taken up with defective and leaky drainage systems. This becomes a difficult problem when, as often happens, many owners are concerned in one block of properties. The co-operation of the Surveyor's Department in the cleansing and maintenance of drains and sewers and in the application of powers under the W.R.C.C. General Powers Act, 1951 is appreciated.

Apart from routine maintenance work, there have been no schemes of improvement or extensions carried out to the sewers. There are still approximately 490 houses not connected to public sewers, and in most of these cases drainage arrangements are far from satisfactory. It is hoped therefore that where possible sewer extensions will be made in the future. Apart from this, it is obvious that existing sewers in some parts of the district are reaching the stage when some attention will be required.

No complaints were received from the Rivers Board regarding effluents from sewage disposal works.

A considerable amount of drainage work has been carried out in connection with conversions, provision of bathrooms, etc., and also the reconstruction of defective drains. Advantage has been taken during the year of the powers under the W.R.C.C. General Powers Act, 1951 to deal more speedily with defective or choked drainage. Minor stoppages are dealt with without any charge being made. Where more extensive work is required, the cost is, of course, recovered from the owners.

In addition to conversions and Improvement Grant work, there have been the usual number of complaints of faulty or stopped drains and in connection with these some 219 inspections were made. Use was made of colour, volatiles and smoke at various times in the testing of these drains.

OFFENSIVE TRADES.

The following offensive trades are registered :—

Tripe Boilers ...	...	...	...	...	2
Oil Extractor ...	...	...	...	...	1

No complaints have been received regarding these businesses and six inspections were made of the premises. The general condition and cleanliness could be classed as satisfactory.

FACTORIES ACTS, 1937 and 1948.

1. Inspections for the purposes of provisions as to health.

Premises	Number on Register	Inspections.	Written Notices.	Occu- piers prose- cuted.
a) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	33	14	Nil	Nil
b) Factories not included in (a) in which Section 7 is enforced by local authorities ...	195	44	6	Nil
c) Other premises in which Section 7 is enforced by local authorities ...	1	2	Nil	Nil
Total	229	60	6	Nil

2. Cases in which defects were found.

Particulars.	Found.	Remedied.	Referred To H.M. Inspector.	By H.M. Inspector.	Occu- piers prose- cuted.
Want of cleanliness (Section 1) ...	2	2	—	—	—
Overcrowding (Section 2)	—	—	—	—	—
Unreasonable temperature (Section 3)	—	—	—	—	—
Inadequate ventilation (Section 4)...	1	1	—	—	—
Ineffective drainage of floors (Section 6) ...	1	1	—	—	—
Sanitary Conveniences					
a) Insufficient ...	—	—	—	—	—
b) Unsuitable or defective	6	6	—	6	—
c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	—	—	—	—	—
Total ...	10	10	—	6	—

Certain sections of the Factories Act, dealing with sanitary accommodation in mechanical factories and for the administration of most of the Act in regard to non-mechanical factories, is carried out by the Public Health Inspectors. Many visits have also been made with regard to canteen and cooking arrangements.

SECTION 34. FACTORIES ACT, 1937.

Duties regarding the granting of Certificates of 'means of escape in case of Fire' are carried out by the Department. This work is becoming heavy in view of the fact that almost all the Factories need a thorough survey and inspection in order to bring their Fire Certificates up to date. There is a need for a more frequent inspection, but anything of a routine nature is impossible at the present time due to lack of qualified staff.

Two new Certificates were issued during the year.

PETROL (CONSOLIDATION) ACT, 1928.

PETROLEUM (MIXTURES) ORDER, 1929.

PETROLEUM (CARBIDE OF CALCIUM ORDER), 1929, etc.

The Chief Public Health Inspector is the Official acting as Petroleum Officer for the purposes of administering the above Acts, the duties of which include the inspection and testing of all new storage tanks and pumps.

During the year 58 Licences were re-issued to store Petroleum Spirit and 3 additional licences were granted in respect of new installation.

One licence was issued for the storage of Carbide of Calcium.

One licence was issued for the storage of petroleum mixtures.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

The provisions of this Act are administered by the Health Committee through its Public Health Inspectors.

The Act forbids the use of certain filling materials for upholstering, stuffing of beddings, toys, baby carriages, etc., except on premises registered by the local authority. Premises where rag flock is stored or manufactured must be licensed.

Provisions are incorporated to prevent the sale or use of unclean filling materials and regulations have been made giving standards of cleanliness.

RODENT AND PEST CONTROL.

Under the Prevention of Damage by Pests Act, 1949, the Council are required to carry out regular inspections of the district so as to prevent damage and danger to health by major infestations of rats and mice.

As in the previous year, it has again been found possible for Mr. L. W. Button, using a 10 cwt. Fordson, to devote half his time to rodent control and the remainder to waste paper collection.

Mr. Button's work on Rodent Control continues to be conscientious and satisfactory. His services are much in demand by Industrialists, farmers and householders, most of whom express appreciation of the service offered and the results obtained, particularly as the cost is modest in comparison to that charged by Servicing firms.

Mr. Button carries out his work in conjunction with the Public Health Inspectors, and half his salary is paid by the Infestation Division of the Ministry of Agriculture and Fisheries.

It was found possible to treat all the Council's sewers in 1956. One complete treatment was affected early in the year. A second treatment was commenced towards the end of the year. This was partially completed when bad weather prevented further operations. There appeared to be some change in the rat population of the sewers, as those found to be infested during 1956 were not the same as those in 1955.

The total number of visits made by the Rodent Operative and Public Health Inspectors in connection with rats and other pests during the year was 1,653.

During the year, all farms within the district have been visited, most factories have been visited and all sewage works, refuse tips, etc., have received attention.

Dwellinghouses continue to receive treatment free of charge.

The total number of treatments carried out during the year was 286, and a summary is given below showing how these were made up and the results obtained.

Type of premises.	No. of Treatments.
Industrial	27
Farms	1
Sewage Works	179
Refuse Tips	—
Domestic	79
Shops	—

Number of Baiting points	...	...	...	...	...	1102
Number of poison Takes	...	...	...	...	...	717
Estimated number of rats killed	...	...	...	...	...	1222
Estimated number of mice killed	...	...	...	...	...	444

All rodent control work is carried out in accordance with the suggestions laid down by the Infestation Division of the Ministry of Agriculture, Fisheries and Food.

ATMOSPHERIC POLLUTION.

Number of observations taken	...	...	...	40
Number of cases in which the limit of 3 minutes in 30 was exceeded	...	...	...	5
Number of Abatement Notices served	...	...	...	5

The observations and readings of smoke concentration, sulphur dioxide and soot deposits taken throughout the year make interesting reading and confirm certain facts stated in previous years' reports.

There has been a genuine endeavour on the part of most firms to keep boiler smoke down to a minimum. Also there is a welcome tendency to install electric motors for the running of plant. Although it is appreciated that these improvements take place very slowly, the graphs prepared show that the monthly smoke concentration figures for 1955 were slightly better than those for 1954, and that those for 1956 showed an appreciable improvement on the 1955 figures. An examination of the graphs on the next pages will show a remarkable drop in the summer months, suggesting that most of the atmospheric pollution is from the ordinary house fire, burning raw coal and further aggravated by the large number of all night burning fires.

The readings from the soot deposit gauge at Ellen Royde show a slight improvement on the figures for 1955. These readings give the soot deposit in tons per square mile and are closely allied to the rainfall.

The sulphur dioxide readings also show an improvement on those of the previous year. The highest readings occur in December, January, February, March, April and May, following which a big drop occurs owing to the lesser use of the house fire. This reaches a low figure in September, and then climbs again steeply as concentrations become worse with the gradual resumption of fires.

Several complaints have been received during the year regarding the industrial haze given out by one firm. This is not 'Dark smoke' and is difficult to deal with under the present legislation.

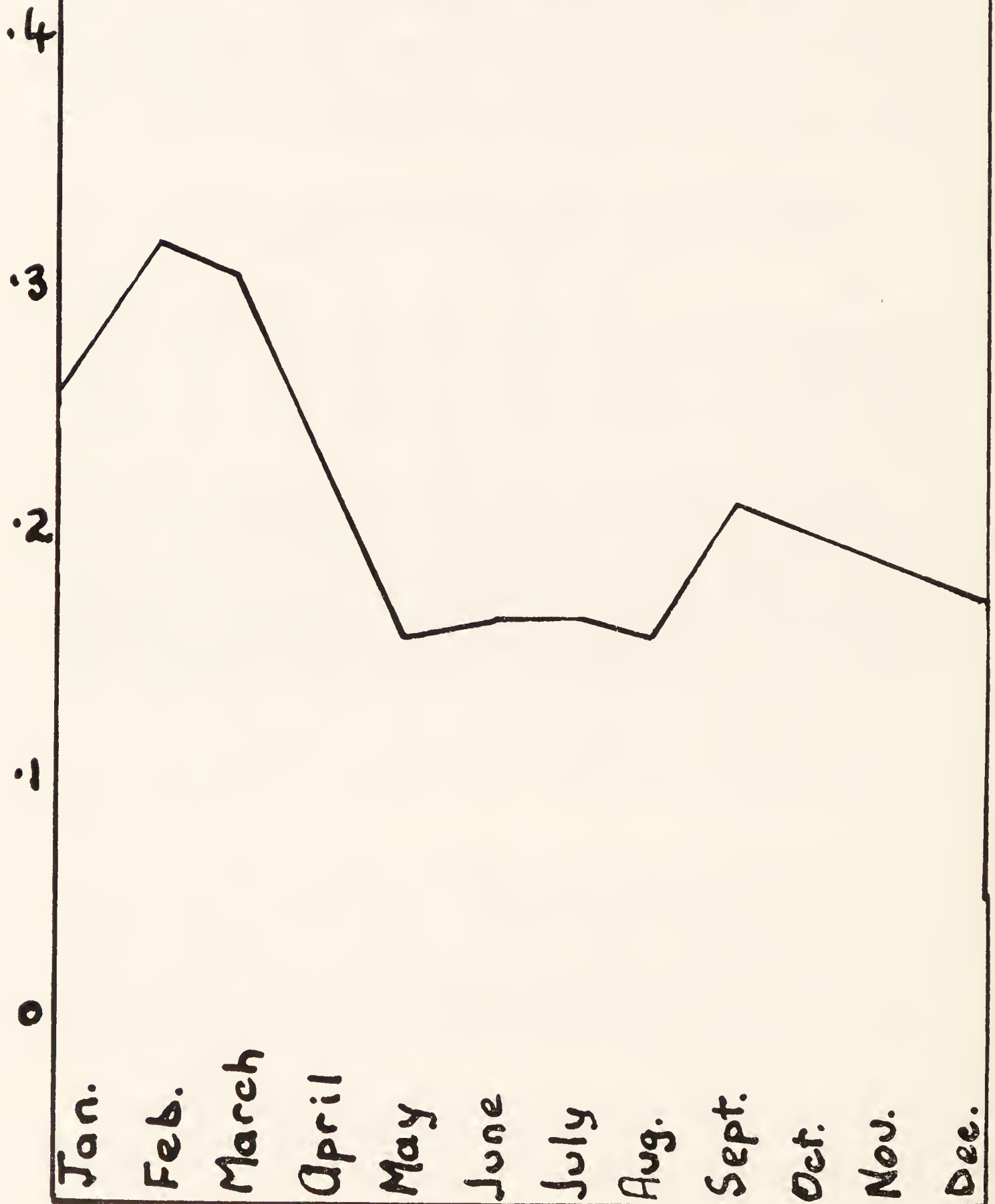
Conditions vary from time to time mainly according to atmospheric changes. There may be long intervals when there is no cause for complaint, and then a sudden change in the wind and temperature may bring discomfort and annoyance to the occupiers of houses in a limited zone. It must also be pointed out that in one or two instances, the complainants are not materially affected in the least, except visually. Visits to the firm are made by the Alkali Inspector, Medical Officer and Public Health Inspector. The Health Committee in an endeavour to obtain supporting figures, gave instructions for a series of comparative tests to be taken in various parts of the area. This was done over a period of six months in conjunction with the Public Analyst. Four stations were set up at South Lane Gardens, Ainley Top, Ellen Royde and Exley Cemetery. The results were as follows :—

Sulphur Dioxide — Mg's per 100 sq. cm. per day.							
		1955			1956		
Site		Nov.	Dec.	Jan.	Feb.	Mar.	Apr. Average
South Lane Gardens		1.7	1.5	1.8	1.3	1.5	1.6
Ainley Top	...	1.3	1.0	2.1	2.4	1.4	1.6
Ellen Royde	...	2.3	2.3	3.3	2.8	2.5	2.4
Exley	... ..	1.5	1.6	2.1	2.0	1.9	1.7

Ironically enough, the South Lane area was the only part of the district where the concentration of sulphur dioxide did not reach 2 mg's per 100 sq. cm. per day. Nevertheless, every effort is being made to reduce the amount of pollution given off by so many chimneys, and it is understood that the technical authorities concerned are experimenting with various kinds of kilns in an attempt to solve a problem which is not confined to Elland only.

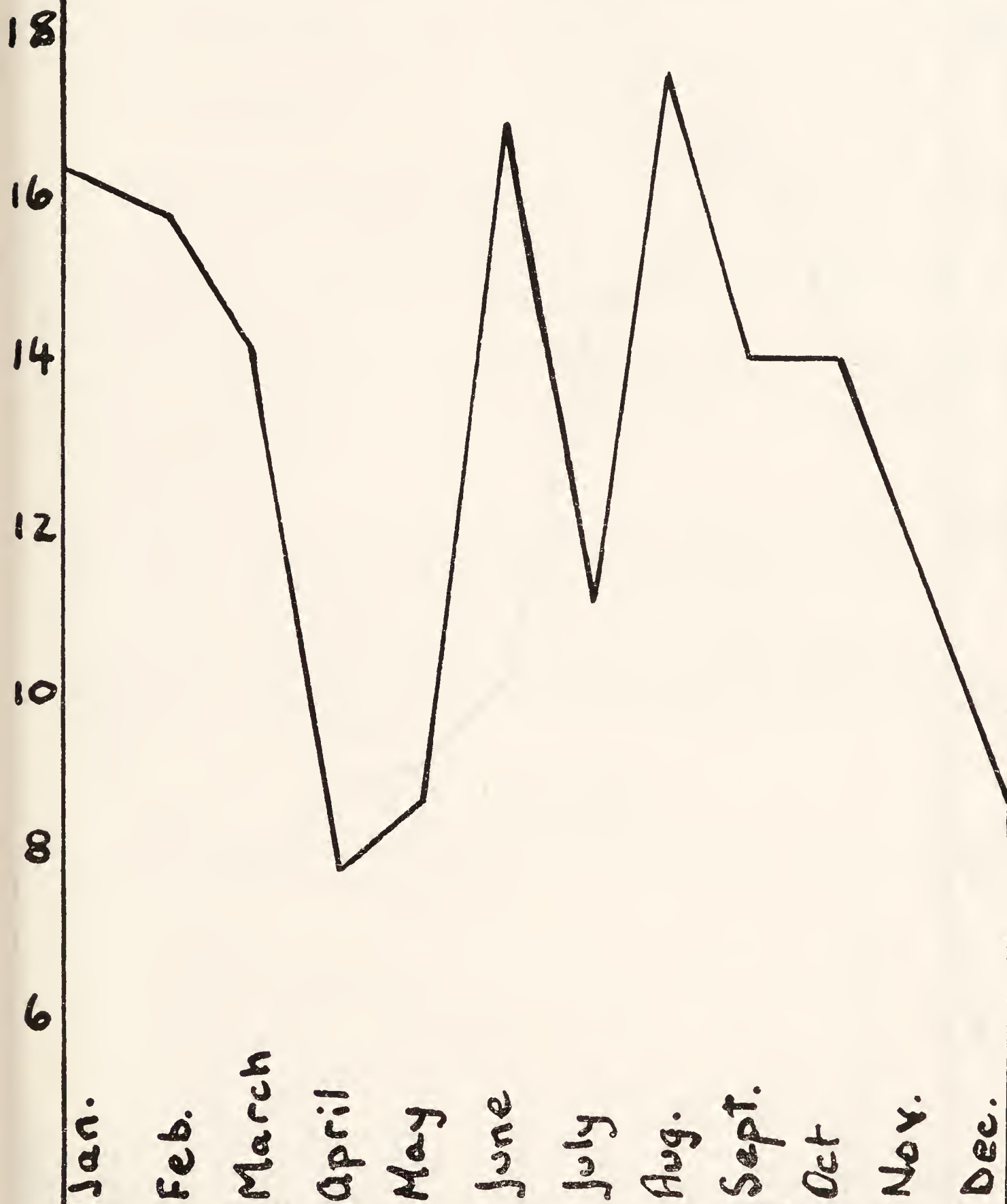
Smoke Concentration.

Milligrammes per cu. metre.



Soot Concentration.

Tons per sq. mile.



Sulphur Dioxide

Milligrammes per sq. cm. per day.



FOOD INSPECTION AND SUPERVISION OF FOOD PREMISES.

MILK SUPPLY.

At the end of the year 42 Distributors of Milk were registered. Licences to retail designated milks were issued as follows :—

Tuberculin Tested	a) Dealers	22
	b) Supplementary ...	6
Pasteurised	a) Dealers	22
	b) Supplementary ...	6
Sterilised	a) Dealers	16
	b) Supplementary ...	4

BACTERIOLOGICAL EXAMINATION OF MILK.

During the year 13 samples of milk were submitted for bacteriological examination. The following gives details of the samples and results :—

Type of Milk.	Satisfactory.	Unsatisfactory.
T.T. (Certified)	11	—
T.T. (Pasteurised)	1	—
Pasteurised	1	—

All bacteriological and biological examinations are carried out at the Public Health Service Laboratory, Wakefield.

Considerable annoyance and trouble was again experienced during the year through the dumping of milk bottles on the highways and spare land by the Dairies Companies whilst awaiting collection by the retailer.

FOOD PREMISES.

The number of food premises in the district, by type of business so far as available is :—

Cafes	11
Bakeries	15
Fish and Chip Shops	22
Breweries	1
Public Houses and Clubs	48
Butchers Shops	28
Tripe Dressers	1
Other Shops	118
Ice Cream Retailers	68

OTHER FOODS.

The following list gives the amount of unsound food certified by the Public Health Inspectors and surrendered by the retailers :—

Tinned Tomatoes—8 lbs. 2 ozs.	Stewed Steak—2 lbs.
Black Currants—3 lbs. 12 ozs.	Luncheon Meat—6 lbs.
Boneless Gammon Ham— 44 lbs. 10 ozs.	Peaches—6 lbs. 6 ozs.
Ham—9 lbs. 7 ozs.	Soup—12 ozs.
Corned Beef—18 lbs. 12 ozs.	Tongue—6 lbs.
Nescafe—2 lbs. 14 ozs.	Jellied Veal—18 lbs.
Baked Beans—3 lbs. 3 ozs.	Peas—2 lbs. 6 ozs.
Apricots—1 lb.	Pears—3 lbs. 10 ozs.
Condensed Cream—14 ozs.	Condensed Milk—9½ pints.
Pineapples—3 lbs.	Spaghetti—1 lb.
Oranges—11 ozs.	Marmalade—1 lb.
	Sandwich Spread—12 ozs.

Owing to pressure of other work it was not found possible to carry out detailed inspections of all the food premises in the area during the year. However, 81 visits were made to food establishments in connection with the Food Hygiene Regulations and it was found that most of the conditions were being observed. Many alterations and improvements of a minor character have been effected and it is obvious that the trades are, in the main, anxious to comply with reasonable requests.

Some food shops are still without the required wash basins, sinks and adequate hot water supplies, and this is a matter for early attention.

Many visits have been made to School canteens during the year, and several complaints of unsound meat or food have required investigation. Most of these complaints have arisen through the supply of poor quality meat or through faults in storage or cooking, although in one or two cases it was necessary to condemn the food supplied as unsound.

ICE CREAM.

At the end of the year 68 premises were registered under the Food and Drugs Act, 1955, Section 16 for the manufacture or sale of ice-cream, an increase of 11 over last year's total.

The premises are satisfactory and receive periodic visits, almost all the ice cream being wrapped and sold from shops having refrigerators. Some is retailed from vans touring the district in the summer months.

Ten samples of Ice Cream were taken during the year for bacteriological examination. These were satisfactory, nine being in Provisional Grade 1 and one in Grade 2.

In all, 81 visits were made to Ice-Cream premises.

WATER SUPPLY.

Ten samples of water from the public supply were taken during the year for both chemical and bacteriological examination and according to the Public Analyst were highly satisfactory. The trouble experienced in past years at the Upper Greetland supply has now apparently been remedied, as the two samples taken from there during the year indicate that the lime dosage is just right and that the natural plumbo solvent tendency of the water has been effectively neutralised without excessive alkalinity.

Samples taken from the Elland Swimming Baths were reported as being excellent both chemically and bacteriologically, although care should be taken to prevent the P.H. value being lowered.

Eight samples were taken in the district during the year for plumbo-solvency and four samples were taken from private supplies. The samples taken for plumbo-solvency were all satisfactory but of those from private supplies only one was entirely satisfactory.

SHOPS ACTS.

During the year 86 visits were made to shops in the District in order to enforce the health provisions of the Shops Act. These visits were mainly concerned with Sanitary Accommodation and cleanliness.

INFECTIOUS DISEASE AND DISINFECTION.

During the year 54 visits were made by the Public Health Inspectors to cases of infectious disease and 6 disinfections were carried out after infectious disease. All beddings, etc. for disinfection and disinfestation by steam are now taken to the disinfector at Mill Hill Hospital, Huddersfield, only a nominal charge being made for each treatment.

DISINFESTATION.

It was found necessary to make 46 visits in connection with verminous premises, this being a decrease on the previous year's figures. No vermin was found in any Council house during the year. Two houses were found to be infested by bed bugs and several treatments were carried out with gammexane and zaldecide.

Ten houses received treatment to get rid of fleas. One of these was difficult to deal with as the occupier was elderly and bedfast. Six houses were treated with pybuthrin on several occasions because of cockroaches. One better class house was infested with bryobia praetiosa, this being a gooseberry mite, and some difficulty was experienced in controlling it. A pybuthrin powder was used inside the house and an improved tip dressing powder outside. Several houses were fumigated on suspicion only. All cases dealt with were private houses and no charge was made for treatment.

SANITARY INSPECTION OF THE DISTRICT.

Complaints investigated	...	...	...	...	...	425
Nuisance inspections	...	...	...	...	...	244
Factories inspected	...	...	...	...	...	60
Shops inspected	...	...	...	...	...	86
Houses inspected :						
Overcrowding	...	...	...	...	...	10
Housing Acts	...	...	...	...	...	748
Revisits under Housing Acts	...	...	...	...	...	333
Public Health Acts	...	...	...	...	...	494
Revisits under Public Health Acts	...	...	...	...	...	630
Verminous premises	...	...	...	...	...	46
Premises disinfested for vermin	...	...	...	...	...	20
Infectious disease	...	...	...	...	...	54
Houses disinfested after infectious disease	...	...	...	...	...	6
House refuse removal inspections	...	...	...	...	...	405
Food complaints investigated	...	...	...	...	...	15
Visits to food premises	...	...	...	...	...	81
Ice cream samples for bacteriological examination	...	...	...	...	...	10
Visits to ice cream premises	...	...	...	...	...	81
Milk samples for bacteriological examination	...	...	...	...	...	13
Inspections under Milk and Dairies Regulations	...	...	...	...	...	35
Visits to slaughterhouses	...	...	...	...	...	1206
Number of Deadweight Certifications	...	...	...	...	...	140
Water samples for bacteriological examinations	...	...	...	...	...	4
Water samples for chemical examination	...	...	...	...	...	4
Water samples for plumbo-solvency	...	...	...	...	...	8
Inspections under Petroleum Acts	...	...	...	...	...	17
Smoke observations	...	...	...	...	...	40
Rodent control inspections and visits	...	...	...	...	...	1653

HOUSING STATISTICS.

The housing statistics for the year are as follows :—

1. Inspection of dwellinghouses during the year.
 - 1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health and Housing Acts) 1242
 - (b) Inspections made for the purpose 2205
 - 2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 65
 - (b) Number of inspections made for the purpose 142
 - 3) Number of dwellinghouses needing further action :
 - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation 65
 - (b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation 195
2. Remedy of defects during the year without service of formal notices :
 - (a) Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers 25
 - (b) Number of defective dwellinghouses (excluding those shown in (a) above) in which defects were remedied as a result of informal action 90
3. Action under Statutory Powers during the year :
 - A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936 :—
 - (1) Number of dwellinghouses in respect of which formal notices were served requiring repairs —
 - (2) Number of dwellinghouses which were rendered fit after service of formal notices :—
 - (a) By owners —
 - (b) By Local Authority in default of owners —
 - B. Proceedings under Public Health Acts :—
 - (1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied 6
 - (2) Number of dwellinghouses in which defects were remedied after service of formal notice :—
 - (a) By owners 2
 - (b) By Local Authority in default of owners 1

C.	Proceedings under Sections 11 and 13, Housing Act, 1936.	
(1)	Number of representations, etc. made in respect of dwellinghouses unfit for human habitation	3
(2)	Number of dwellinghouses in respect of which Demolition Orders were made	—
(3)	Number of dwellinghouses demolished in pursuance of Demolition Orders	—
(4)	Any action under Section 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953	—
D.	Proceedings under Section 12 of the Housing Act, 1936.	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	4
(2)	Number of separate tenements or underground rooms the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	—
E.	Proceedings under Part 3 of the Housing Act, 1936.	
(1)	Number of Clearance Areas represented during the year	9
(2)	Number of houses included in these areas ...	56
(3)	Number of persons to be displaced	116
(4)	Action taken during the year in respect of Clearance Areas	
a)	By Clearance Orders, number made ...	9
b)	By Compulsory Purchase Orders, number made	—
(5)	Number of houses in Clearance Areas demolished in year	—
(6)	Number of persons re-housed from houses demolished during the year	—
4.	Housing Act, 1936—Part IV—Overcrowding.	
a) 1)	Number of dwellings overcrowded at the end of the year	11
2)	Number of families dwelling therein	16
3)	Number of persons dwelling therein	74

b)	Number of new cases of overcrowding reported during year	6
c) 1)	Number of cases of overcrowding relieved during the year	13
2)	Number of persons concerned in such cases ...	66
5.	New Houses.	
	Number of new houses provided during the year :—	
	By the Local Authority :—Permanent type	34
	Temporary type	—
	By private enterprise	19
6.	Housing Act, 1949.	
	Section 4 : Any action in connection with advances for purpose of increasing housing accommodation	—
7.	Housing Act, 1949, as amended by Housing Repairs and Rents Act, 1954.	
	Grants to persons other than local authorities for improvement of housing accommodation. Any action during the year ? —	
	25 Improvement grants were made during 1956.	

IMPROVEMENT GRANTS.

During the year 25 Improvement Grants were made involving £3,325 for improving sub-standard houses by the provision of bathrooms and indoor sanitation. Three-quarters of this amount is met by the Treasury, and so for some £831 chargeable to the general rate fund, the Council were instrumental in making 25 houses in all respects fit for habitation complete with baths, inside W.C's, hot water, etc.

Work in connection with Improvement grants is carried out jointly by the Health and Surveyor's Departments and occupies a considerable amount of time.

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED. PUBLIC HEALTH ACTS, 1875-1936. HOUSING ACTS, 1936-1954.

During the year the total number of inspections and visits made in all branches of the Department was 6,868. Under the Public Health Acts, 95 informal notices and statutory notices were served, and in one case it was found necessary to do the work in default and recover the costs from the owner. The following is a summary of improvements effected :—

Interior of Houses.

Windows repaired and renewed	6
Fireplace fixtures renewed and repaired	4
Ceiling replastered	9
Walls replastered	16
New sinks provided	25
New sinks provided in place of old stone sinks	4
Smoky chimneys abated	2
Sink waste pipes repaired or renewed	5
Sash cords renewed	10
Chimney flues repaired	2
Dampness of walls abated	8
Water gaining access to cellar abated	9
Sewage gaining access to cellar abated	16
Firebacks renewed and repaired	3
Floors repaired	2
Dirty houses cleaned	2
Ovens repaired	1

Exterior of Houses.

Defective door frames and doors	3
Eaves gutters renewed or repaired	28
Decayed pointing renewed	4
Leaky roofs repaired	33
Rain water pipes renewed or repaired	16
Mastic pointing to windows renewed	9
Valley gutters cleansed or repaired	2
Chimney stack repaired	1

Yards and Outbuildings.

Offensive accumulations removed	1
Defective yard drainage reconstructed	1

Drainage.

Drains re-laid	13
Drains repaired	25
Drains cleansed from obstruction	39
Inspection chamber provided	2
New gullies provided	19
Soil pipes repaired	2

Sanitary Conveniences.

Additional W.C.'s provided	8
Flushing cisterns repaired	13
Walls repaired	1

W.C. pedestals renewed	...	...	...	...	...	3
Privy middens converted to water carriage	...	...	...	...	...	2
Waste water closets converted to water carriages	...	...	...	...	...	11
Pail closets converted to water carriage system	...	...	...	...	...	12
Roofs repaired	...	...	...	...	...	6
Tippler closet repaired	4

House Refuse Accommodation.

New Dustbins provided	585
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PUBLIC CLEANSING.

The public cleansing of the district, apart from street cleansing and gully emptying, is the responsibility of the Health Department. This work includes the collection and disposal of house refuse, the emptying of dustbins, pail closets and privies, the collection and disposal of a limited amount of trade refuse mainly from shops and markets. The maintenance of the refuse collection vehicles is the responsibility of a Transport Department.

Although the demand in one section of this report is for the provision of new houses to replace sub-standard properties, the increasing number of new houses, with long carrying distances for dustbins, has steadily added to the work of the Department year by year, although there has been no corresponding increase in staff.

It has not been found possible to give a weekly service of bin emptying, but a reasonable service is maintained and legitimate complaints are few, these being after holiday periods or times of heavy snow. After holiday periods, it has been necessary to persuade the employees to work overtime in order to catch up with the rounds. The hiring of another vehicle at these times is not practicable as it is impossible to man it. It is now getting difficult to persuade the men to work overtime, owing to the slice taken off their weekly wage for income tax.

Although most of the employees are good workers, it is rare to have the full staff working as some of the less satisfactory members soon take advantage of the generous sick pay rates. Employees are continually leaving for less arduous work elsewhere and it is almost impossible to obtain labour. Consequently, there are times when it becomes difficult to keep the service going.

When two or three men are off sick at the same time, as often happens, the position becomes hopeless as there is no reserve to draw on, and the rounds get behindhand.

The vehicles are now continually in need of repair, and the provision of large and more modern refuse collecting vehicles would go a long way to solving some of the Department's difficulties.

The Council administers a Municipal dustbin scheme and during the year 585 defective dustbins were renewed at a cost of £841 or the approximate equivalent of a 2d. rate.

Although pail closets and privies are gradually being converted to water closets at Stainland, this area still remains a problem, by reason of an unsatisfactory sewerage system, with a resultant number of pail closets and privies that cannot be converted to water closets until sewers and Public water supplies are extended. Some slight easement has been made during the year by the conversion of 12 pail closets and 2 privies.

The price of mixed waste paper during 1956 was reduced to £7 10s.0d. per ton and the sales of waste paper during the year realised the sum of £638.

During the year 37 tons of tins were recovered from the tips and these were sold unbaled for £125.

Difficulty arose during the year in disposing of the contents of pail closets. Farmers in Stainland, who normally took this for manure now appear to have reached satiation point, and no outlet could be found in this district. It was found necessary to bring the stuff down to Lowfields and bury it in the tips. This is unfortunate as it means a longer haul for each load, as most of the remaining pail closets are at Stainland.

House refuse is tipped at three tips in the area. The largest of these is Lowfields, and here controlled tipping is in operation. The top soil is stripped to a depth of 12 inches in accordance with the wishes of the Ministry of Agriculture and will be replaced over 6 foot layers of house refuse, in order that the land may revert back to agriculture.

Lack of weigh bridge facilities make it impossible to give accurate cleansing costings, etc., but the following table shows the number of loads collected during the year :—

Vehicle	Removal of House Refuse		Goux Tub Refuse Removal		Waste Paper Removal		Condemned Meat Removal	
	Days	Loads	Days	Loads	Days	Loads	Days	Loads
2—2-ton Motors ...	487½	2565	21¼	91	—	—	—	—
2—30 cwt. Motors	337	1373	154	632½	—	—	—	—
10-cwt. Fordson ...	16	125	—	—	127½	1720½	9¾	44
Hired Lorry ...	14	80	2¾	11	¼	2	—	—

The cost of Public Cleansing throughout the year in the district, including collection and disposal of salvage was £11,504. This figure includes the cost of last year's replacement of dustbins under the Council's Municipal Dustbin Scheme.

MEAT INSPECTION.

The following private slaughterhouses are licensed and are in constant use :—

- a) Harry Wood, Riverside Farm, Wistons Lane, Elland.
- b) Mrs. Helen Dyson, Crosshills Farm, Greetland.
- c) Geoffrey Morton, Oatlands Farm, Greetland.
- d) Eric Mitton, Manor House Farm, Stainland.
- e) Stainland and Holywell Green Co-operative Society, Stainland.
- f) Joseph Goddard, New Yard Farm, Stainland.

The supervision of these slaughterhouses makes a heavy call on the Public Health Inspectors, entailing many hours of work outside office hours, on Sundays, holiday periods and early Monday mornings.

During the year 1,206 visits were made to slaughterhouses and the following table shows the number of animals inspected. Almost half the meat goes into adjoining districts.

Particulars of animals slaughtered.

Month		Heifers	Bullocks	Cows	Sheep	Calves	Pigs	Total
January	...	130	40	58	211	4	60	503
February	...	137	67	52	394	4	110	764
March	...	118	52	23	255	1	79	528
April and May	...	187	137	57	527	3	169	1080
June	...	93	56	19	235	1	48	452
July	...	80	45	10	295	1	45	476
August	...	130	60	3	581	6	73	853
September	...	134	39	6	422	13	94	708
October	...	148	73	6	572	16	139	954
November	...	150	50	11	504	7	84	806
December	...	115	36	8	442	11	176	788
TOTALS	...	1422	655	253	4438	67	1077	7912

**Particulars of Carcases Inspected and
Particulars of Condemned Meat.**

Number of animals slaughtered	...	...	...	7912
Number of animals inspected	...	...	...	7912

Particulars of Carcases affected with Disease.

a) Tuberculosis :	Percentage of animals diseased.				
Heifers and Bullocks	...	...	...	5.8%	
Cows	...	...	...	14 %	
Pigs	...	...	...	2.23%	
b) Other Disease :					
Heifers and Bullocks	...	...	...	10.5%	
Cows	....	...	...	13 %	
Pigs	...	...	...	7.4%	
Sheep	...	...	...	8.9%	

Total weight of diseased meat surrendered : 2 tons, 12 cwts. 13 lbs.

**Carcases and Offal inspected and condemned
in whole or in part.**

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	2077	253	67	4438	1077	—
Number inspected	2077	253	67	4438	1077	—
All diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	—	—	—	1	—	—
Carcases of which some part or organ was condemned	211	33	—	397	72	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	10.5 %	13 %	—	8.9%	7.4%	—
Tuberculosis only :						
Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	120	38	—	—	24	—
Percentage of the number inspected affected with tuberculosis	5.8 %	14%	—	—	2.23 %	—
Cysticercosis :						
Carcases of which some part or organ was condemned	12	6	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The meat condemned by the Inspectors is collected and delivered to Mitchell and Broadbents, Halifax, where it is processed into non-edible materials. The Council refund to the occupiers of the slaughterhouses any income derived from the sale of diseased meat.

Additions or improvements were effected during the year at one private slaughterhouse.

